

HEARING TO RECEIVE LEGISLATIVE
PRESENTATION OF THE DISABLED AMERICAN
VETERANS (DAV)

JOINT HEARING

WITH

The United States Senate Committee on
Veterans' Affairs

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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Auxiliary	

HEARING TO RECEIVE LEGISLATIVE PRESENTATION OF THE DISABLED AMERICAN VETERANS (DAV)

Tuesday, February 25, 2014

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON SENATE VETERANS' AFFAIRS,
Washington, D.C.

The committees met, pursuant to notice, at 1:59 p.m., in Room 345, Cannon House Office Building, Hon. Jeff Miller [chairman of the House Committee on Veterans' Affairs] presiding.

Present from the House Committee on Veterans' Affairs: Representatives Miller, Roe, Runyan, Wenstrup, Michaud, Takano, Brownley, Kirkpatrick, McLeod, and Walz,

Present from Senate Committee on Veterans' Affairs: Senators Blumenthal, Boozman, and Heller.

OPENING STATEMENT OF CHAIRMAN JEFF MILLER

The CHAIRMAN. The committee will come to order.

Good afternoon, everybody. Thank you for being with us on this wonderful Florida sunshiny day. It is my privilege to welcome you to today's joint hearing on the House and Senate Veterans' Affairs Committees to receive testimony on the legislative priorities for the Disabled American Veterans.

Before we get started, I have a little bit of housekeeping that we need to address, and I would like to say in the interest of time and in keeping with the tradition of these hearings, after hearing from myself, Chairman Blumenthal, Ranking Member Michaud, and Acting Ranking Member Heller, I would like to ask all other committee members to waive their opening statements. There is going to be an opportunity for remarks following testimony today.

Hearing no objection, so ordered.

It is truly an honor for me to be here this afternoon with so many DAV members, and I thank you all for coming to the Hill once again. Due to the hard work and dedication of DAV's 1.4 million members, especially DAV service officers, veterans are provided with professional benefit counseling and claims assistance, and transportation to and from VA healthcare facilities. DAV also assists with transition assistance services and on-site care at military treatment facilities, at VA medical centers, and clinics, and at home. That is just to name a few of the many programs that you, DAV, provide every single day.

I have witnessed many of these efforts firsthand, and I am personally grateful to each of you for the hard work that DAV does across the country, as well as right here in Washington, D.C.

On behalf of a grateful Nation, thank you all for your commitment to our veterans, for your time this afternoon, and for your brave and honorable service to our Nation.

I now want to take a few moments to welcome several individuals who have transitioned into new leadership roles with DAV. I begin with National Commander Joseph W. Johnston, who was elected to the position at DAV's 2013 national convention.

Mr. Johnston retired from the United States Army in 1992 and subsequent to his military service has dedicated his efforts towards working with nonprofit organizations. Commander Johnston, we welcome you here today.

Other new placements within the professional leadership of DAV include Navy veteran J. Marc Burgess, who now serves as Chief Executive Officer and National Adjunct; Army veteran Garry Augustine, the new Executive Director. Garry, nice to have you back. Marine Corps veteran Jim Marszalek now serves as DAV National Service Director, and his fellow Marine Corps veteran, Barry Jesinowski, leads as Executive Director DAV National Headquarters in Cold Spring, Kentucky. Very good to have you back, too.

And with us today, is Ms. Susan Miller, who was elected to the Office of National Commander of the DAV Auxiliary. Ms. Miller previously served as a registered nurse with the Veterans Health Administration and I note that Ms. Miller's son, Trent, is a member of the United States Army, recently serving in his second deployment to Afghanistan.

Gentlemen and Ms. Miller, thank you for your leadership, and for your service. I look forward to working with each of you in your new roles and continuing to work with those of you that are continuing in the roles that you have had for a number of years.

I would also like to recognize the DAV members from my home State of Florida who may be with us today. If you could, please just raise your hand up so we can say hello. Isn't this just like home? This is just like home, right?

Welcome to those from the Sunshine State. We are glad to have you here. Each of you are a credit to our State of Florida and to your communities. I am proud to have you here in your Nation's Capital. Thank you for your military service and for your ongoing service to veterans.

Commander Johnston, officers and members of the DAV, you have a tremendous force behind you to accomplish the immense mission that is before each of us. Our charge, yours and mine, is to assist and oversee that the Department of Veterans Affairs, carries out America's promise to those who have worn the uniform of this country. This includes ensuring that veterans receive timely, accurate, and consistent decisions when seeking service-connected disability compensation, safe, and high quality health care and prompt access to earned benefits. It demands that in dealing with the Department of Veterans Affairs, veterans be treated with the dignity and professionalism that is earned through honorable service to our Nation. The need for oversight is crucial, but the need for accountability is paramount.

Speaking directly to the Disabled American Veterans, you and your members understand that leaders must set the example. True leaders lay out clear expectations and put others in positions to

succeed. They follow through and most importantly, they hold themselves accountable for their actions. Follow me! That is the motto of the infantry. Yet, those words can be easily translated to organizational leadership at VA. When there is a mission to be accomplished, those who put themselves on the line are the leaders that others want to follow. And it is a lack of accountability that corrodes trust within a chain of command. That said, an undeniable, widespread, systematic lack of accountability exists today in the Department of Veterans Affairs.

In fact, if you look at recent preventable deaths at VA medical centers, patient safety incidents, and claims backlog increases, department senior executives who presided over negligence and mismanagement are more likely to have received a bonus than punishment. It is a leadership model that is primed for failure.

Today, I ask for your support of a measure that I have introduced, H.R. 4031, The Department of Veterans Affairs Management Accountability Act of 2014. This bill would provide tools to the Secretary of Veterans Affairs to better manage Senior Executive Service employees; those who are directly responsible for the day-to-day success, or failure of VA programs. H.R. 4031 would give the Secretary the power to hold leaders accountable when they fail to perform their duties in a manner that properly serves the veterans entrusted to their care. DAV, you know leadership and I hope that you will support this bill and work with us to empower the Secretary to lead VA into the future.

And I also want to comment on something from your written remarks. You noted that the Department, specifically the Veterans Benefits Administration, has exhibited reduced transparency and openness of late. I can assure you that this shift has been noted by this Congress and I will underscore these ongoing concerns to the Secretary.

If VA is to effectively carry out its duties, the Department, as well as Congress and veteran service organizations, must be open to candid and honest conversation. I will be paying close attention to the matters of transparency as VBA pushes towards 2015 and I encourage you to continue your dialogue with Congress and VA to the maximum extent possible.

I look forward to hearing your testimony today and I am certain that we will work together over the coming months on many items that are on your list of legislative priorities.

But before I yield my time, I want to touch upon one specific area that you have noted is a top priority for DAV in 2014: The expansion of advanced appropriations for the Department of Veterans Affairs.

Thank you for your resounding support of H.R. 813, The Putting Veterans Funding First Act. While the Veterans Health Administration is largely shielded from budgetary impasse, other functions critical to the department and to veterans are not; including accounts for information technology, and construction spending on vital maintenance and improvement projects. I am also going to continue to advocate for passage of this measure as well. Gridlock must not compromise the functionality of the Department of Veterans Affairs.

There is great work ahead for all of us, but with your help, I am confident that there is also great potential for success for America's veterans.

OPENING STATEMENT OF SENATOR RICHARD BLUMENTHAL

The CHAIRMAN. Thank you once again for being here today, and I now yield time to my colleague and friend from the Senate, Chairman Blumenthal, for his opening statement. Senator.

Senator BLUMENTHAL. Thank you very much, Chairman Miller, and thank you to the leadership of the DAV, Commander Johnston and others who are here today.

A most important thank you to all of the DAV members who are here. Thank you so much for making the trip, and sending a message by your presence about not only the concern and interest, but your knowledge and power by your numbers and your presence here today.

I would like to ask that Chairman Sanders' full opening statement be placed in the record. He could not be here today because, indeed, he is helping to manage the bill, the comprehensive bill that is under consideration this week before United States Senate. And indeed, I may have to—I will have to leave early to go back and assist him in that effort. I hope you will forgive me, but with the chair's permission, I would like to ask that his opening statement be placed in the record, and I would like to make a few opening brief remarks.

The CHAIRMAN. Without objection. I thought it was probably going to be because of the snow that he was not able to be here.

Senator BLUMENTHAL. We are here in the warmth compared to Connecticut and Vermont. Let me ask all of the Connecticut DAV members who are here to please raise your hand so I can thank you personally for being here, all of the Connecticut members. I know that Connecticut DAV State Commander Robert Werlich, First Junior Vice Commander Barry Bernier, and Dominick Cortez, the DAV State Vice Commander, all regularly advise me, and their guidance and thinking is so very valuable to me.

Let me begin by thanking the DAV for its support for the Comprehensive Veterans Health and Benefits Military Retirement Pay Restoration Act which is the bill on the floor of the Senate this week.

The DAV said about this bill—this bill is, and I am quoting, “unprecedented in our modern experience, would create, expand, advance, and extend a number of VA benefits, services, and programs that are important to the DAV and to our members.” Your help and support has been critical along with the help and support of virtually every veterans' and military service organization in the country, including the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, the Vietnam Veterans of America, the Military Officers Association of America, the Iraq and Afghanistan Veterans of America, the Paralyzed Veterans of America, the Gold Star Wives, and many more.

We thank you for your support for this bill, which includes many measures that were reported out of our committee, the Senate Veterans Affairs' Committee by unanimous vote or on a very over-

whelmingly bipartisan vote. There is nothing partisan about supporting this bill or any other measure that provides what we owe to our veterans. They should be above partisan politics.

And this bill is big and broad because the needs and challenges of all of our veterans are big and broad. That is why it is comprehensive. It would provide the restoration of COLA for military retirees, improve VA health care and benefits, expand educational opportunities for our veterans, help end the benefits backlog, which we know bedevils many parts of our country still, and would help put our veterans back to work, and I am very proud to be supporting this measure. It is a historic effort to be comprehensive, to reach and aid our veterans in a multi-pronged, multifaceted way.

Of particular interest to me is hearing from you about where you think the priorities ought to be and how we can address the problem of uniting, for example, uniting the medical records and personnel data of the Department of Defense, and the Department of Veterans Affairs. There are gaping divisions in that system where there should be none, and I am appalled by the delays that often occur in the transfer of information. I am deeply appreciative of the work of the DAV experts who help every day in aiding our veterans with their claims and I value your expertise in addressing this challenge.

I am also personally committed to determining what we can do more and better to help veterans who suffer from posttraumatic stress. We should assist equally a veteran from today's conflicts as well as those from past conflicts, including our Vietnam veterans who suffered posttraumatic stress before this debilitating condition was medically diagnosed or perhaps even seen for what it is.

That is why I am working to get the Department of Defense to give a second look at the records of our veterans of past wars, including Vietnam, who may have been less than honorably discharged, or otherwise disadvantaged because their condition was undiagnosed and untreated.

Given what we now know, those individuals who today are upstanding members of the community and suffered from posttraumatic stress ought to be given a second look, and their discharge status reevaluated if necessary.

On all of these issues, again, your expertise and guidance not only today, but every day is very, very valuable, and I want to welcome you and thank you for your service to America in uniform, and when you have returned to your communities, and today as you come back to the Capitol.

Thank you, Mr. Chairman.

OPENING STATEMENT OF MIKE MICHAUD, RANKING MINORITY MEMBER

The CHAIRMAN. Thank you very much, Senator.

I now yield 5 minutes or as much time as he may consume to the ranking member of the full House committee, Mr. Michaud.

Mr. MICHAUD. Thank you very much, Mr. Chairman, and thank you for your service to this great Nation of ours as well.

Good afternoon, Commander. I want to thank you and all members of DAV and the Auxiliary for your service. We also thank you for your continued dedication to our Nation's veterans.

I want to take an opportunity, also, to welcome those in the audience from Maine. The sons and daughters of Maine have a history of serving our Nation and I am glad to see that they are continuing that tradition as well by fighting for veterans' issues.

DAV and other veterans groups are active and valued partners with us in Congress as we work to keep our promise to America's veterans. I want to thank you for your work of advocating and the passage and enactment of H.R. 813, The Putting Veterans Funding First Act. We have seen how well advanced appropriation has worked for VA's medical care. It is time that the rest of VA's discretionary budget be treated the same way. We owe it to America's veterans to provide certain and stable VA budget funding.

VA is pursuing a wide range of initiatives from new methods of healthcare delivery, to electronic benefit management. These investments will help bring the Department into the 21st century. Working with you in the Department of Veterans Affairs, we will make sure that these initiatives are implemented fairly, transparently, and in the best interest of veterans and the American taxpayers, making sure that the Department of Veterans Affairs can meet the challenges of the 21st century is a job of all of us.

And I know the DAV, your members across the country, and your staff here in Washington are ready and eager for that challenge. I look forward to your testimony today, Commander, and again, I want to thank you and DAV's long history of distinguished service for the men and women who wear the uniform. And it is because of VSOs such as this organization that actually will give Members of Congress the information we need so that we can make those decisions important for our veterans and their families in this country. So once again, thank you very much.

And thank you, Mr. Chairman, and I yield back.

[THE PREPARED STATEMENT OF HON. MIKE MICHAUD APPEARS IN THE APPENDIX]

The CHAIRMAN. I recognize for as much time as he may need, the Acting Ranking Member, Mr. Heller from Nevada.

Senator HELLER. Mr. Chairman, thank you.

The CHAIRMAN. Glad to have you here.

Senator HELLER. Good to be back seeing old colleagues and some old friends that I have on this side of the Capitol.

I want to thank the commander for being here today and everybody that will be testifying and answering questions today. Thanks for taking time and it is always a wonderful view to see this crowd, everybody here in your advocacy for issues that are important to all of us.

I want to take a moment though to acknowledge the veterans who have flown here from my home State, Bill Bowman, and John Hanson. Are you out there today? There we go. Any other Nevadan veterans out there, please raise your hand.

Anyway, they are tremendous advocates. They had appointments in my office at 9:30 this morning, and they were there at 8:30. So if that gives you any idea how aggressive they are, and I appreciate

all the work that they do and they are great advocates and they represent the Battle Born State quite well.

Commander Johnston, I think we can all agree that there remains a lot to be improved upon when it comes to—and for our caring of our American veterans, which is why the work that the DAV does as an advocacy group and resource for our veterans is so important.

This is the second year I have had the privilege to sit on the Senate Veterans Affairs' Committee. While that may not be for as long a period of time compared to some of the other Members here, it is clear that one issue continues to be a primary focus, and that is the disability claims backlog at the VA.

The VA promised veterans that their claims would be completed in less than 125 days. Yet more than 4,300 veterans in Las Vegas, Reno, and across Nevada have waited much longer than that. In fact, Nevada has the longest waiting time in the Nation. That is why I have made it a top priority on this committee to work to address this issue in a bipartisan manner. The claims backlog is the greatest challenge facing the Department of Veterans Affairs today.

But this issue has been plaguing the VA for over 20 years, or two decades and the reality is we must update the process. It is a 1945 system for a 21st century veteran. The VA needs a claims process that is proactive rather than reactive; one that can anticipate the needs of veterans to keep a backlog from happening.

Some may want to point fingers, place blames, but at the end of the day, Congress, the VSOs, and the VA all have a part to play. For the past year I worked with Senator Casey through a bipartisan VA backlog working group to learn more about why the backlog exists and what can be done to fix it. I am also pleased that Senators Moran and Tester have joined us in this effort. It has taken significant time and resources to dig into this issue, and shortly, I look forward to rolling out suggestions that we have developed with the help of the DAV. Our Nation owes it to our veterans to keep our promise to care for them and resolve this problem together.

This is just one of the many important issues that will be discussed today, and I appreciate DAV being here and look forward to the testimony.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much. Senator, we are certainly glad to have you back on our side of the building.

Before I yield to my colleague Dr. Wenstrup, I want to also recognize two other people that I did not talk about to start with: Joseph Violante, who is a long-time National Legislative Director. Joe, it is great to you have here with us, and see you on the Hill all the time. And Ron Minter, National Director of Voluntary Services. Ron, glad to have you here too.

My staff had just said I was going to yield to Representative Wenstrup to introduce the commander, but I think it is important that you understand that Dr. Wenstrup is a combat veteran of Iraq, a surgeon by trade, and a Bronze Star recipient.

With that, Mr. Wenstrup, you are recognized.

Mr. WENSTRUP. Thank you, Mr. Chairman.

As a proud member of the House Veterans Affairs' Committee, it is my privilege to introduce Joseph Johnston, National Commander of Disabled American Veterans. As Commander Johnston works to represent injured and disabled veterans, I have had the honor to represent him in the House of Representatives.

Having personally served as a combat surgeon in Iraq, I saw our troops in the minutes and hours after being wounded. But oftentimes, the toughest battle our veterans fight is when they come home. Disabled American Veterans is a strong advocate for those who have served our Nation and given more than most, and Commander Johnston does yeoman's work on the behalf of the Nation's disabled veterans. I have had the honor of sharing the stage with Mr. Johnston during veterans tributes in Ohio. His passion for our military veterans is clear. It is selfless and with great conviction.

A 100 percent service-connected disabled veteran who served in the Vietnam and Persian Gulf wars, Commander Johnston served and joined the U.S. Army in 1966, serving first as an enlisted soldier, and later as a commissioned officer. He retired at the rank of Colonel in 1992, and was inducted into the Ohio Veterans Hall of Fame in 2007, and is a life member of DAV chapter 63 in Williamsburg, Ohio.

In our State of Ohio, and nationally, Commander Johnston has been elected to and held various management and leadership positions with the DAV and is active in various chapter and department VA voluntary service programs, culminating in his election as national commander last year.

Fellow Members of Congress from the House and Senate, it is my honor to introduce National Commander Joe Johnston to present the DAV's legislative agenda.

Mr. JOHNSTON. Thank you.

The CHAIRMAN. Welcome again, Commander, and you are now recognized for your testimony.

STATEMENT OF JOSEPH W. JOHNSTON, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS, ACCOMPANIED BY JIM MARSZALEK, NATIONAL SERVICE DIRECTOR; JOSEPH A. VIOLANTE, NATIONAL LEGISLATIVE DIRECTOR; GARRY J. AUGUSTINE, EXECUTIVE DIRECTOR, WASHINGTON HEADQUARTERS; J. MARC BURGESS, NATIONAL ADJUTANT; BARRY A. JESINOSKI, EXECUTIVE DIRECTOR, NATIONAL HEADQUARTERS; RON B. MINTER, NATIONAL DIRECTOR OF VOLUNTARY SERVICE; AND SUSAN K. MILLER, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS AUXILIARY

STATEMENT OF JOSEPH W. JOHNSTON

Mr. JOHNSTON. Representative Wenstrup, friend, fellow warrior, thank you very much.

Chairman Miller, Acting Ranking Member Heller, and Ranking Member Michaud, I want to thank you for convening today's hearing and for your leadership in helping to fulfill the promises to the men and women who have served.

Chairman Sanders has recently brought forth introducing Senate bill 1982 and that is indeed one of the most wide-ranging veterans bills ever brought forward. I would like to extend our sincere ap-

preciation to Chairman Sanders and all members of these committees on behalf of the more than 1.4 million members of DAV and its Auxiliary for the outstanding support that you have given our Nation's injured and ill veterans and their families and survivors.

We wish you all the best in your efforts through the rest of the 113th Congress on behalf of America's veterans, their families, and survivors.

Allow me to introduce those seated at the table with me, as well as some distinguished guests. National Adjutant Marc Burgess; Executive Directors Barry Jesinoski and Garry Augustine; Service Director Jim Marszalek; Legislative Director Joe Violante; Voluntary Services Director Ron Minter; Auxiliary National Commander Susan Miller of Colorado; Auxiliary National Adjunct Judy Hezlep, DAV Senior Vice Commander Ron Hope of North Carolina; Junior Vice Commanders Moses McIntosh of Georgia; Dave Riley of Alabama; Delphine Metcalf-Foster of California; and Dennis Krulder of New York; National Judge Advocate Mike Dobmeier of North Dakota; Immediate Past National Commander Larry Polzin of California; National Chief of Staff Raymond Hutchinson of Ohio. And let me also introduce the love of my life, Vicky, and my son James, who is also a DAV member, and his wife Rhonda.

One man who for the first time in decades is not at the table with us today is Art Wilson. He retired in 2013 after a 47-year career serving as DAV's superbly effective Chief Executive Officer and National Adjutant. Art's departure after such a long and distinguished term will clearly leave a void, but DAV has selected an able, experienced executive in Marc Burgess as our new CEO and National Adjutant. Will the DAV National Executive Committee please stand and be recognized.

Will the members of the National Legislative Interim Committee also please stand?

And I would also like to recognize the entire DAV delegation from my home State of Ohio. Please stand.

I have already submitted for the record my written testimony detailing a number of concerns and ideas for your information and consideration, so I will use my time today to highlight a few of the most important issues facing veterans today.

MESSRS. Chairmen, veterans stand with each other and support one another in combat. And long after the bullets cease to strike, we always rely on our warrior brothers and sisters, and I am hoping that every Member of Congress will also stand with us and for us each and every day of your respective terms.

Since our founding, DAV has remained dedicated to fulfilling our promises to the men and women who served, their families, and survivors. DAV's core mission is carried out through our chapter, department, transition, and national service officers. In all, DAV has nearly 3,000 service officers, including county veteran service officers who are credited by DAV.

During 2013, DAV's 276 National Service Officers interviewed over 187,000 veterans and their families, reviewed more than 313,000 VA claims files, filed over 215,000 new claims for benefits, and participated in more than 272,000 VA rating board actions. In addition, our national appeals officers provided representation in

almost a third of the appeals decided before the Board of Veterans Appeals.

Our transition service officers conducted some 1,400 briefings to groups separating service members, with 54,000 total participants in those sessions, counselled almost 31,000 persons in individual interviews, reviewed the military service treatment records of 30,260 individuals, and submitted benefits applications for 19,000 personnel to DAV NSOs for filing with the VA, and our mobile service officers traveled almost 90,000 miles last year to 833 cities and towns, and met with more than 20,000 veterans, and other potential claimants to offer our assistance. About 17,000 DAV and Auxiliary volunteers donated more than 1.8 million volunteer hours to assist America's wounded, injured, and ill veterans every year, saving taxpayers over \$40 million in cost.

DAV's national transportation network logged almost 26,000 road miles and transported over 700,000 veterans to VA healthcare facilities. Nearly 9,000 volunteer drivers spent over 1.7 million hours transporting veterans. From 1987 to 2013, we had donated nearly 3,000 advance to the VA at a cost to the DAV of more than \$57 million.

MESSRS. Chairmen, and members of the Veterans Affairs' Committee, let me thank those of you who joined us for a couple of hours ago in front of the Capitol at our press conference calling for advanced appropriation for all veterans programs, service, and benefits. We are also joined by members of many other veterans and military organizations, by all uniting with a message for Congress to pass The Putting Veterans Funding First Act. In addition, hundreds of DAV members and supporters have been visiting your offices. Thousands have been calling from back home, and over a million—that is over a million—have sent or heard or messaged through Facebook, Twitter, and the other social media, all calling on Congress to keep the promise by passing advance appropriations.

Today, if you open up any of the Capitol Hill publications, you will see our full page ad and you can see them online at corresponding Web sites. You can also read the op ed in today's Wall Street Journal that former VA Secretary Tony Principi and I coauthored, and another op ed in yesterday's Washington Times that I wrote together with the national leaders from the VFW, and the American Legion. Together, our organizations represent more than 5 million veterans.

MESSRS. Chairmen, you and the other members of these committees know the importance of advanced appropriations judging by the overwhelming votes in favor of this legislation in both of your committees.

Let me especially recognize Chairman Miller, and Congressman Michaud for sponsoring the legislation in the House, and Senators Begich and Boozman for sponsoring this legislation in the Senate.

I also want to thank you, Chairman Sanders, who isn't here, for getting behind this legislation and ensuring that Senate Bill 1982 included VA's mandatory benefits and for moving it through the committee.

The government shutdown last October confirmed what has become increasingly clear. The Federal budget and appropriations

process is broken. Over the past 25 years the 4-year budget for the Department of Veterans Affairs has only been enacted by the start of the fiscal year only three times. In 2009, as a result of a grass-roots advocacy effort by DAV and other VSOs, Congress passed and the President signed the Veterans Healthcare Budget Reform and Transparency Act that provides advanced appropriations for VA medical care programs.

This past October, while many VA offices and services were shut during the shutdown, VA hospitals and clinics were able to provide uninterrupted health care. By contrast, claims processing to reduce the backlog was slowed, activities at National cemeteries were scaled back, and medical research projects were nearly suspended.

When VA regional offices were shut down, many of our national service officers resorted to occupying temporary quarters, including tents, in order to continue helping veterans seeking their earned benefits. We at DAV determined that our free representation would not, and could not be interrupted.

In the last year Veterans Day activities, a woman approached me to say how grateful she was to DAV for our efforts in helping during the government shutdown before VA ran out of funds for disability compensation. She and her husband's only income was his monthly VA compensation. And as the shutdown lingered on, she told me with tears in her eyes, that they were terribly worried that they would not be able to buy food, gas, or pay their rent.

As national commander of this tremendous organization, I was grateful for those kind words about DAV's effective advocacy, but it concerned me greatly that she and her husband were forced to go through such a terrible ordeal given the sacrifice they had already made for this country. We should never again put a disabled veteran or his or her family in similar circumstances.

This is why DAV's Operation Keep the Promise has made advance appropriations for all VA funding accounts, including its mandatory disability payments to veterans, our highest legislative priority in 2014.

MESSRS. Chairmen, advance appropriations is a common-sense approach to a long-standing problem and it has broad and bipartisan support in Congress and the veterans community, and by the American people at large.

Now it is up to the leaders and Congress to bring this legislation up for votes in both the House and the Senate. It is time for Congress to keep the promise to American's veterans.

Of course, authorizing benefits for veterans, especially disabled veterans, without providing the systems to deliver those benefits in a timely, accurate, manner is a promise unfulfilled. For decades, VA's benefits claims process has failed to meet that promise. Today, however, for the first time in years, some good news is coming from the VBA. After 4 years of comprehensive transformation that included implementation of new organizational and operating processes, new IT systems, and new training, testing, and quality control regimes, there is measurable progress in addressing the backlog of pending claims for a veteran's benefits.

Similarly, without the infrastructure to deliver services and benefits the promises made by our government will ring hollow. DAV believes one of the greatest challenges facing the VA and the enor-

mous shortfall in funding for VA's capital and infrastructure, according to VA's own analysis, just to maintain its current infrastructure requires up to \$64 billion over the next 10 years. But at current funding rates, VA will need more than 25 years to complete that work. In major construction alone, VA estimates say that there is an average of \$2.3 billion is needed each year for the next decade, but this funding's level was a pitiful \$342 million. Our veterans deserve more than aging facilities that may soon be falling down around them.

We need your support to increase funding for maintaining VA's infrastructure needs to continue delivering the health care and benefits our Nation's heroes have earned.

MESSRS. Chairmen, family caregivers play an indispensable role as a part of VA's long-term services and support systems. They provide the vast majority of the care for loved ones with chronic needs and functional limitations. As a result of legislation passed in 2010, VA provides essential caregiver services and support only to the newest generation of severely injured and wounded veterans. Family caregivers of veterans from earlier wars do not receive the same comprehensive support to fully address the burdens and strains of a lifetime of caregiving. DAV urges Congress to correct the inequity and extend this successful program to caregivers of all eras.

In closing, I would like to point out to all of you that before you are men and women of honor. That means that they did whatever was needed to be done when our country called. And ladies and gentleman, you can still call on us any time that you need us and we would be proud to serve. That is why this country is never going to be overrun by an enemy force as long as we all draw breath.

MESSRS. Chairmen, this completes my testimony, and my staff and I would be very pleased to respond to any questions that you may have. Thank you for allowing me the opportunity to appear before you on behalf of the DAV and to share our proud record of service to veterans and our country. May God bless America's Soldiers, Sailors, Airmen, Coast Guardsmen, and Marines who are in harm's way, and may God continue to bless the United States of America.

Thank you.

[THE PREPARED STATEMENT OF MR. JOHNSTON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you very much for your testimony, Commander.

What I would like to do since the Senators may have to depart to go back to the Senate side for the debate that is on the floor, I would like to go ahead and yield to the chairman for any questions he may have in case he has to leave. Senator.

Senator BLUMENTHAL. Thank you, Chairman Miller. I very much appreciate that courtesy in yielding, and am very grateful for that very stirring and inspiring comment and testimony.

I want to focus my brief couple of questions on the capital budget, the 10-year plan that as you very wisely and perceptively say can't be accomplished in less than 25 years, which is a contradic-

tion in terms, and really a betrayal of the promises that we do need to keep.

And I want to ask you about the impacts, the human impacts, if you could tell us from your deep and vast experience of failing to fulfill that 10-year plan?

Mr. JOHNSTON. Yes, sir.

The impact is going to be even greater if we bring down the Army and the other services to pre-World War II levels. The VA is going to be inundated with new requests for claims and for new requests for healthcare services.

And to have these infrastructure facilities falling down around folk's ears, is absolutely the wrong thing to do. And we need to make sure that we get the appropriate amount of funds budgeted to cover these shortfalls that are certainly going to occur in the years to come. Simply because the war ends, does not mean that the necessity for VA services gets any less. It gets greater.

Senator BLUMENTHAL. In fact, perhaps you would agree with me that the contrary is true. As the wars end and as we downsize to levels of World War II and pre-World War II, the Army, for example, at 440,000 to 450,000, we are going to see a million men and women leave the military over the next 5 years. That statistic comes from the VA itself; in fact, from General Shinseki, a million men and women becoming veterans. Many of them afflicted, not only with highly visible wounds, but also the horrific invisible wounds of posttraumatic stress, and traumatic brain injury; 1 million men and women added to the ranks of our veterans. And they are the ones who will be impacted by this failure to fulfill the 10-year plan.

In Connecticut, for example, we see the VA hospital in West Haven found wanting and failing in a number of critical areas by the IG, the Inspector General of the VA, in a recent report that has to be addressed through capital improvements as well as changes in procedures and practices.

So I would agree with you very strongly, and really want to commend and thank you for the statement and the presence of so many of the Members who are here today so that we can fulfill that promise. Thank you very much.

And I want to thank you, Mr. Chairman, for allow me to ask that question and in case I have to leave, I hope you will forgive me.

Thank you.

The CHAIRMAN. Senator Heller.

Senator HELLER. Mr. Chairman, thank you.

And again, Commander, thank you very much for your testimony and everybody that is here today. It is good to see you here.

At 4:30 this afternoon, I have Secretary Shinseki coming into my office. I am going to ask him a lot of questions. I am going to ask him, obviously, about the veterans backlog issue, and progress, if any are being made; the issue of lack of communication between my office and the VARO in Reno. That will be another question that I am going to ask, and hopefully get a good answer for. But there are other questions that you might think that I should ask him. Are there any questions, if you were talking to Secretary Shinseki today, what question would that be, and I am going to take notes, and this is your chance to advocate.

Mr. JOHNSTON. Well, I wouldn't presume, sir, to tell you what to ask the Secretary, although the Secretary is an Airborne Ranger like me, so he is my friend. And he has told me that he will reduce the backlog by 2015.

But I would defer to members of my staff for any additional information that they want to share.

Senator HELLER. Love to hear from them, yes.

Mr. AUGUSTINE. Yes, thank you.

We do believe that the VA is making progress on the backlog. We obviously feel that advanced appropriations is necessary, because every year there is a lapse between the start of the fiscal year and when the budget is finally approved. That causes all kinds of problems in training, in getting things accomplished, and in an efficient business manner.

We would like the Secretary to support our efforts to get advance appropriations for the rest of the VA, and for our discretionary. He himself has indicated that it is very important for his IT budget and his construction budget to be received on time because of the problems associated with those two issues. So we would like to know if the Secretary will continue to advance or to support our advance appropriations.

Senator HELLER. Very good. Anyone else?

I certainly appreciate those comments, and they will be well heeded.

One of the issues that comes up in my office, Commander, is the fully developed claims program. It is a new initiative by the VA office. Veterans who submit a fully developed claim are able to receive a decision under 125 days, and ensure that their claims do not become backlogged. I guess my question is: What more can Congress and the VA do to ensure that these veterans do fill out a fully developed claim?

Mr. JOHNSTON. I would make just a general comment before I turn this over to my staff that we believe that the reduction of the backlog is a combination of a fully developed claim process, the DBQs, and then also accountability that is passed on to the review officers. And we think those three things are exactly the types of answers to not only reduce the claims, but to a manageable level, but then to reduce the backlog entirely.

Senator HELLER. Let me, if I can ask a follow-up question. I know that the DAV works hard to encourage veterans you serve to file as complete a claim as possible. I also recognize that the veterans have the option to file any way they want; whether that is on that form, or perhaps on a paper napkin. Is that accurate, and can you explain to this committee why it is important that veterans still have the option to file a claim any way they want?

Mr. JOHNSTON. I will defer that to the staff.

Mr. MARSZALEK. Yes, thank you.

I think it is important that veterans still have the opportunity to file a claim, whether it is on paper, on the standard 526EZ, or if they do it on a regular form. Currently, they can take the regular piece of paper, as many people refer to as a napkin, send it to the VA regional office, and the VA has a duty to send the claimant the correct appropriate form to be completed, and then they return it.

But that napkin starts to date the day they receive the claim. In VA's proposal, they are recommending that you have to file it on that 526EZ in order for them to start the date. And that is what we don't agree with. So it is very important that veterans still have the opportunity, because not everyone has easy access to those forms and not everyone can do it electronically either.

So VA is still in the early stages of their transformation plan on filing claims electronically, so we feel it is important that we continue to allow them to submit claims on paper to protect their effective dates.

Senator HELLER. Very good. Thank you.

Mr. AUGUSTINE. And if I might add.

Senator HELLER. Please.

Mr. AUGUSTINE. You mentioned fully developed claims. In order to encourage people to develop their own claims, veterans, it is very important to have that process so that they can establish what is called an informal claim, and as Mr. Marszalek mentioned, protect that effective date so that they can then go out and develop the information that is needed to be a fully developed claim. That claim goes through the process much quicker. And without that protection on the effective date, they will not be motivated to go out and develop that evidence, and will leave it to the VA which causes the claim to have a lot longer development time.

Senator HELLER. Mr. Chairman, thank you. I see my time is running out, but it has been a pleasure to participate in Operation Keep the Promise.

Thank you.

The CHAIRMAN. Commander, in your written testimony, you talked about several initiatives that DAV finds that have had a positive effect on the backlog of disability claims, and one of those initiatives that DAV refers to is the quality control regimes or, as VA refers to them, quality review team, I don't know if you or your team is aware, but despite this positive feedback, there was a memo that was sent out a week ago today basically saying that all quality review team work would be discontinued until further notice so that all hands could be on deck to continue processing claims.

And what I would like to hear from you is the effect that a temporary elimination of these review teams may have on the Secretary's goal of 95 percent accuracy within 125 days. Turning numbers out is one thing, but the accuracy is critical. Again, you may or may not be aware of it—Joe may be aware of it—but I would like to hear what you think the potential effects negative or positive could be.

Mr. JOHNSTON. I will let the staff answer that question.

Mr. MARSZALEK. Thank you, Mr. Chairman.

Quality is our number one priority. It always has been. We were very supportive with the creation of the QRT teams. We are aware of this initiative. This goes through the end of March. It is important that VA makes the decision right the first time. That is the only way that we want it. We are going to monitor very closely over this next 40 days or so to see how it impacts.

What we don't want to see is this continue to happen. That was our concern in the beginning when the QRTs were created that

they would use these folks when the initiative came up. QRT teams are very important and we have been happy with the progress of the QRT teams locally there, being able to, you know, do some centralized training on particular issues that they are seeing at that local VA regional office. So again, we feel it is important that quality is a number one priority over quantity.

The CHAIRMAN. Also in your written statement, you stated that the most important factor driving VBA's productivity gains was undoubtedly the policy that was put into place of mandatory overtime for claims processing. I think that the overtime initiative has been helpful, without question, but it is not sustainable in the long term due to employee burnout and reduced accuracy rates. So indeed, the benefits program portion of the independent budget recommends that we provide sufficient resources to ensure adequate staffing levels at the VBA goes on to state that the VSOs recommended increase staffing levels instead of a sole reliance on mandatory overtime.

So what I would like to hear is a further explanation of the independent budget rationale and the position that you—take, and the organizations took—regarding whether that hiring additional employees may prove more beneficial to VBA than overreliance on mandatory overtime.

Mr. JOHNSTON. I would like to say just a few general words before I defer to staff for the specifics of that; but over the years, the independent budget has been the bellwether of the actual requirements for what was needed in the VA in the budget each year; and every time that that independent budget is ignored, it always results in additional appropriations having to be passed in order to meet the needs, so we do have confidence in our numbers. We have confidence in the quality of that product, and we certainly believe that you all should pay attention and heed it. So with that, I will defer to the staff.

Mr. VIOLANTE. Mr. Chairman, I will respond to that and just say that in the independent budget, what we thought about was what happened several years ago when they brought on a core of temporary employees, trained them, put them into the workforce, and then through attrition either kept them on after the temporary period or let them go; and we felt that that provided VA, number one, with the resources, with sufficient trained employees, and also gave VA the opportunity to make a determination as to who was successful and who they can keep on.

So we feel that overtime is nice, but after a while people do get burned out; and we would rather see, even if it is temporary in the beginning, a core of people coming on board to take care of the needs; and again, with automation and what VA is doing, the needs for the numbers that we have requested may go down over the years; and that gives VA the ability to then decrease their workforce when necessary and just keep those that are productive.

The CHAIRMAN. Thank you. My time is expired. Mr. Michaud.

Mr. MICHAUD. Thank you very much, Mr. Chairman. In this year's independent budget, you included a recommendation that VBA must develop a new metrics and assessment tool to measure the performance at every level of the claims processing system, based upon a scientific methodology of projecting workloads, re-

sources, requirements and allocations. Can you provide some examples of the performance measures you believe that should be instituted at VBA.

Mr. JOHNSTON. I will defer that question to the staff.

Mr. AUGUSTINE. Thank you. We firmly believe that there should be progressive metrics with benchmark compliance, transparency, so that we as VSOs can ensure that the VA are meeting their needs and making sure that it is more than just production goals but also quality goals; and we will continue to watch them closely and make them accountable for those benchmarks.

Mr. MICHAUD. There is an old saying, if you can't measure it, you can't manage it. What part of the claims process, in your view, should be counted in order to be measured? Clearly you can get a lot of, you know, claims out the door, but the accuracy rate might be terrible; so what part of the claims process do you think should be measured?

Mr. AUGUSTINE. There is no doubt that the VA's making sure that everybody knows about their production metrics, so of course, we are very concerned about the quality of those claims that are being done. Now, the DAV, for all the claims that we represent, we take a look at those claims before they are promulgated to make sure that there are no mistakes and take them back to the VA before they are finalized.

However, there are many veterans that are not represented, so it is very important to make sure that quality across the board is being done and that they do it right the first time. Having that said, that would also reduce the appeals because if they get it right the first time, then you are not going to have as many appeals.

Mr. MICHAUD. Actually that is my next question. As you know, as they move down to lower the backlog, the amount of appeals are actually as concerning is actually going up. What are you recommending as far as, that we should do as far as the appeals process, because that is a huge concern as a backlog claim comes down, the appeals process is going higher.

Mr. AUGUSTINE. There is no doubt appeals are even a longer time frame than the adjudication of regular claims. So the more we can do to fix it at the front end, and I believe that with FDCs, fully developed claims, those will help the appeal process. Not only will the evidence be there at the very beginning that they need to do it right the first time, the time frame for those claims are much shorter, and I believe veterans would be much more satisfied to get a claim in a matter of weeks as opposed to a matter of months or years, knowing that the evidence that they submitted, and also all the evidence was considered as opposed to starting a claim, getting an exam, and then not having the claim adjudicated until months later when the condition could change between the time they had their exam and the time they actually adjudicate the claim.

Mr. MICHAUD. My last question, since my time is running out, is on advance appropriation, I have no doubt that that bill was brought to the floor, that H.R. 813, that it passed Congress overwhelmingly, probably unanimous. What are you doing as far as to get leadership to bring the bill to the House floor for a vote on it.

Mr. VIOLANTE. Actually yesterday our department of Ohio had a meeting in the Speaker's Office with his staff to discuss that fact

in bringing advanced appropriations forward. Today, along with Operation Keep the Promise, we had thousands of calls made into the Capitol Hill switchboard at the time that we were at the rally; so we hope that with those phone calls, with the emails that we will be generating today, and with the visits that our members are making, that they will get the message to bring that bill to the floor for a vote.

Mr. MICHAUD. Thank you very much. And thank you very much, Mr. Chairman.

The CHAIRMAN. Thank you very much. Dr. Roe, you are recognized for five minutes.

Mr. ROE. Thank you very much, Mr. Chairman. I got the message.

I would like to take just a moment. Any Tennessee DAV if you would hold your hands up. I want to recognize you. Any of my Tennessee colleagues that are here. Commander, I want to thank you; and, Ms. Miller, thank you for your leadership for the DAV. And I want to just briefly tell you a very quick story about how much I appreciate why you are here.

About a year and a half ago, a little over a year ago, I got to go back to Korea where I was stationed—and by the way, Colonel, my gig line is still straight, too, after 40 years. People that are civilians might not understand that. You do.

I got a chance to go back to Korea, and I was there in 1973; and I saw a country that was digging its way out of a war. They were recovering from a devastating war that leveled that country from one end to the other.

In 1960, that country had the fourth poorest economy in the world. Today because of what you men and women did and people like you, there are 50 million free people; and the leadership of that country said every time you get in front, Dr. Roe, of a group of veterans, you thank them for us. I am doing that today. You are seeing the largest Christian church in the world is in Seoul, Korea; and by the way, to all my Baptist friends out there, it is a Methodist church, where I go. It is a country that has the eighth or ninth largest economy in the world thanks to what the American people did.

You saw what happened after World War II. I cannot thank you enough for what you have done and made us a free Nation, and I can never do enough for our veterans in this country. We have a VA hospital a mile from my front door in Johnson City, Tennessee, where I live; and you have my commitment. I wrote down your advanced appropriations. I couldn't see why we wouldn't do that. It makes absolute sense to do it. As a matter of fact, I think it makes absolute sense to do it with the whole budget we do here. Get it done in 1 year, and then refine it the 2nd year. The VA was a good start. It has worked. The veterans shows the way that advanced appropriations work. So I absolutely will support that.

A frustration I have here is \$1 billion we spent. That is a thousand million dollars. Last year about this time, we were in the Veterans' Affairs Committee—the chairman remembers this very well—where we couldn't have an integrated electronic health record where the VA and DoD can talk. We flushed \$1 billion, and we still can't make it work. That is something that I think—this

is my 6th year here. I cannot understand, in today's technology, why a veteran, a service member, can't leave and electronically transfer their records. It hasn't been explained to me. We need to do that. We need to hold the VA accountable for that.

I think the backlog of claims has been well-discussed. It is coming down. I salute the Secretary on that. He has a real commitment to that. The two things that I really am passionate about are homeless veterans. I think it is heartbreaking when you see a veteran that is sleeping under a bridge that honorably served this country; and had we had the HUD VASH vouchers, and that has come down. I will salute General Shinseki for that. He has been very, very good about that. We don't have enough housing stock out there to put these veterans in. That is one of our problems at home we have got to work on, is a place to house homeless veterans and the people that go ahead and get these people back integrated into society. Sergeant Major Walsh and I co-chaired the Invisible Wounds Caucus. When you have more veterans dying of suicide than you do combat, something is wrong. We need programs. We need to look into that and find out what the causes are and put the resources behind preventing that. And we have so many veterans out there that are in need right now. That is one that really I certainly feel very passionate about.

And I think the other one I have seen just at a local level is to bring the VA to the communities, the community outpatient clinics that we have. We just opened one up in Sevier County, Tennessee. It is going to have to be expanded in a year and a half. It was that successful. So I think I am going to encourage—John and I are having breakfast with the Secretary in the morning; so if you want to give us any other questions that Senator Heller didn't get, we will be glad to take them in the morning. We have breakfast with the Secretary.

I think the CBOCs are a tremendous success and a way to get to care instead of our elderly veterans having to drive miles and miles to care, have it in their own community. I will stop there, and again, just thank you for your service. I hear all of the claims I think we can support pretty much everything you have brought up today, Commander. Thank all of you have for your service. With that, I yield back.

The CHAIRMAN. Mr. Takano, you are recognized for 5 minutes.

Mr. TAKANO. Thank you, Mr. Chairman. Well, on behalf of, I think, the five Californians, the three of us here, myself, Congresswoman Gloria Negrete McLeod, and Congresswoman Julia Brownley, Paul Cook, who is not here, and also Dr. Raul Ruiz, and Mr. Denham; I am sorry. There is actually six of us, I guess.

I would like to acknowledge the Californians in the room. So if you are here from California, please stand and let us know you are present. We make that trip back and forth between Washington and California, and we know what a journey you made, and we appreciate that you have come all that way to let us know your legislative agenda. And it is a great honor to serve on this committee and to do what we can.

I represent Riverside County, which is the eighth largest veterans population in the country. I met with my veterans' advisory council last week. They are doing tremendous work in my county

to reach out to homeless veterans to find out where they are living along the Santa Ana River and in different encampments in the Coachella Valley, just to get a count. And I am fully aligned, as I think all of us on this committee are fully aligned, with the Secretary's goal of ending veterans' homelessness.

I have one question that I want to ask you, Commander. It is my understanding that the VA has published new regulations that establish presumptions for veterans living with severe traumatic brain injury who also have Parkinson's disease, certain types of dementia, depression, unprovoked seizures or certain diseases of the hypothalamus and pituitary glands.

Given these additional disabilities, A, is your organization aware of any planning or analysis that the VA has done that relates to the possible impact on the Veterans Administration's backlog of claims.

Mr. JOHNSTON. I defer that to the staff, sir.

Mr. MARSZALEK. Thank you for the question. We are not aware of any planning that the VA has right now and how they are going to implement that, but we haven't seen an overwhelming increase in claims at this time from that at this point.

Mr. TAKANO. Because of that rule change, we are not seeing a tremendous impact as of now?

Mr. MARSZALEK. Right. We haven't seen a spike in the backlog. There hasn't been any discussions about initiatives to address those particular conditions that were added as presumptive conditions.

Mr. TAKANO. So we are not anticipating a spike, and organizationally, you feel that you are prepared as of now?

Mr. MARSZALEK. Well, I am not sure if we anticipate a spike. The VA hasn't discussed that they are going to segregate these particular claims and send them to a particular place; but we hope that if that does come to fruition with Veterans' Benefit Management System, that they are able to electronically send those cases to regional offices that can handle the additional workload where it wouldn't increase a spike in the backlog of claims that we already have pending.

Mr. TAKANO. Very good. I don't have any further questions. I will give my colleagues an opportunity to also ask questions, so I yield back my time, Mr. Chairman.

The CHAIRMAN. Thank you very much. Dr. Wenstrup.

Mr. WENSTRUP. Thank you, Mr. Chairman. Believe me, I am so grateful to be here with you today. And I know we already had the opportunity to see so many delegates from Ohio, and I am proud to be from Ohio to see so many of you here today. And if anyone out there is somebody that I had the opportunity to lay my hands on in Iraq, I want to tell you it was my honor to take care of you.

You know, we have a wall that exists unfortunately, and I see it more and more now that I am on this side of things, between the Department of Defense and the VA; and I know we are in the process of tearing that down. You know, we are one family. When you take that oath and you say I am going to serve this country, it should go right on through. There shouldn't be this wall and this divide between the opportunities that exist to take care of our troops. The electronic medical record that Dr. Roe spoke about, to

me that is shameful, and it delays care, makes it more difficult to have a smooth flow of care.

I do see some positive things. I was at Joint Base Lewis-McChord at Madigan last year. I see some startup programs where they are really starting to focus on transition at the time of ETS; and it makes sense to me that if you are disabled, or getting a medical separation, that your level of disability can be determined at that time and carry right over into the VA instead of having to go through these processes and having redundant services.

There are other things that I see starting to take place, and that is guiding troops as they are leaving the military into being able to use the skills that they have learned in the military and translate them into civilian work and helping them get there, and guidance on the educational opportunities. And I do believe that you have the greatest opportunity when you have the troops still in uniform, that they are a more captive audience; and these are the types of things that we need to do to make your job easier and to tear down that wall between the two.

You know, we endured in our medical practice, my private medical practice, where we had to change to an electronic medical record. It can be done. You just do it. You just do it. And then there is a seamless flow.

Things are getting better. The opportunities are great. I really don't have any questions of you today, except I want to thank you for all that you do. I know how active you are. I know how many people you help, and I know the challenge that comes with that; and I want to thank you for keeping your promise of service to this country. Thank you.

The CHAIRMAN. Ms. Negrete McLeod, who is leaving us after one term of service in the Congress to go home.

Mrs. Negrete McLeod. Well, thank you all for being here. Thank you for your service, and I won't be redundant; but I want to thank the California delegation who is here. So the question I would like to say is, and since I have to be leaving, I am going to roll two questions into one. I will just add an "and."

What steps has DAV taken to conduct outreach specifically towards women veterans, and what could the VHA facilities do more effectively to integrate women's health care programs into the rest of the health care centers?

Mr. JOHNSTON. I am very proud to say, Madam Congresswoman, that we and the DAV lead all of the legacy VSOs on our women's programs; and we are the co-sponsors of every meeting that has occurred with the VA in order to do that. The specific answers to your questions, I will now defer to the staff.

Mr. AUGUSTINE. Thank you. In 2008, we began the Stand Up For Women Veterans Campaign and since that time have sponsored several films highlighting the military experience of women veterans such as *LIONESS in Services: When Women Come Marching Home*. This summer we plan to release a special report and sponsor another Capitol Hill event focused on women veterans transition issues and do a screening of the film, "Journey To Normal, Women of War Come Home"?

As with previous events, we plan to bring the women featured in the film to Washington and invite Members of Congress, their

staffs and VA and VOD officials to attend a panel discussion following the film screening.

Our special edition, Women Veterans Magazine, was mailed to every VA medical center, and the screening of these films on Capitol Hill helped to inform and educate policymakers about the special needs of women veterans and resulted in legislation being passed to improve benefits and service for women.

The DAV is also engaging this year on a special research project to look into the transitioning of women after deployment back into the civilian world, and what issues they may be dealing with different from men so that we can be aware of it, make the VA aware of it.

Mrs. Negrete McLeod. Of course, there is lots of women that have already returned who are out there, and I know homelessness amongst women is a very large issue, and the places where they feel safe when they are homeless. Thank you.

The CHAIRMAN. Thank you. Mr. Runyan, you are recognized for 5 minutes.

Mr. RUNYAN. Thank you, Mr. Chairman, and thank each and every one of you for your service. I have checked the attendance list. There has got to be one or two, but there is no New Jerseyans on the list there. There is one. I know the rest, everybody's coming down next week. It is not on the schedule here today, but thank you all for your service.

It is rare that we have the panel of expertise from the DAV all sitting at one table at one time. Usually we are issue-specific on what we are talking about, and I know Mr. Violante, when we talk about metrics it kind of sets my hair on fire; and I don't even know if you are the one to answer this question. I will direct it at the Commander, so he can maybe take a chop at it and hand it on down.

When we talk about metrics, and Mr. Michaud kind of touched on it a little bit, it seems to me a lot of the time being where I am at, and I know it seems to many of our constituents and many of our veterans, it is almost that the VA is running to the next major crisis. Now, is it there to put out a fire, or is it a combination of putting out a fire and actually having a lack of actually personnel to address the crisis because it seems our attention that are drawn to metrics in the VA change monthly.

I mean, it came up to now, fully developed claims are great, but now we have got an increase in appeals, so what is the flavor of the day? Are we actually accomplishing anything, or are we just playing a shell game, and I just want to throw that out for comment and any suggestions that we can pin them down to actually try to get a set sheet of measurements so we can actually judge the progress they are trying to make.

Mr. JOHNSTON. We had a report from General Hickey yesterday that, indeed, there are some reduction in the claims backlog that even goes beyond what we knew of; but I would defer to the rest of the staff for the specifics of those questions.

Mr. VIOLANTE. Mr. Runyan, it is one of the things that we raised in our testimony about the transparency and making sure that we can see the progression and how they are proposing it. Because you are right; we put out one fire, and that is the backlog, and someone

forgets about the fact that now that we have done all of those claims and decided them, what happens to them. And BVA gets 5 percent of appeals from those that are filed, so that is one of the things we would like to see VA do a better job at, and that is giving us their metrics and how they are figuring this out and what they are looking at; and one of the issues that we have talked about in the independent budget again is, you know, VHA is able to determine what their needs are through a metric program, and VBA should be able to do the same.

Mr. RUNYAN. Well, I appreciate that, because I sit up there and chairing the Subcommittee on Disability Assistance and Memorial Affairs, it is a daily occurrence; and what problem are we going to tackle this week, and at the same time, the VA sits up here and says, well, it takes us two years to get anybody trained to do any of this anyway.

Mr. AUGUSTINE. If I might, we do believe that the transformation to paperless process is the right thing to do. It is in its 4th year now, I believe. It is not an easy thing to transition a large bureaucracy like that into paperless processing. But we do believe that many of their initiatives are now coming on-line, and we are hoping that they are showing positive results and will start to help the process be much more quality effective from this point forward.

Mr. RUNYAN. Well, thank you for that, and I will leave with this, dealing with advance appropriations, and I know I brought this up when Secretary Shinseki sat in front of us, it was literally within the first couple months of my first term 3 years ago; and I went to a CBOC in the District, a brand new expansion. They had the X-ray machine sitting there. They couldn't install the X-ray machine because they didn't have the IT budget to put the CAT 5 wire in the wall to hook up the computer that came with the X-ray machine. And that is the detail that we are talking about, and with that I yield back, Chairman.

The CHAIRMAN. Mr. Walz, you are recognized.

Mr. WALZ. Thank you, Chairman Miller, and thank you, Commander, for your service and for continuing your service and to your family. No warrior deploys alone and know warrior comes home alone. There is a family and a broader community.

Commander Miller, thank you. The importance of getting this right and the work you do can't be understated. Minnesota delegation here, a couple of these folks hold a special place for me. I think our State adjutant, First Sergeant Whitehead is here. He and I served together in the same artillery unit, so I will speak up for you back there, Sergeant. And Dave Wenslow I think is here. Dave came to my office through a special project, Wounded Warriors. Dave, are you here somewhere? I ask that to make sure you are working. Thanks. It is good that he is here. So we are grateful, and to each of you, and no one comes to Capitol Hill with more credibility than this organization; and no one understands the importance of what you are doing—this goes beyond care of our wounded warriors, and it cuts to the heart of our democracy: What are our values? What are our commitments? What do we do as community? And what are we willing to do for those who understand a little bit about service to this Nation?

We understand now through technology and other things that less and less people serve in uniform. That is a good thing as all of you want to know is, because you know what comes with that service; but somebody's still got to do it, and so the rest of the folks who aren't doing it need to understand veterans, benefits aren't a charity or a lottery. That is not the way this works, and they are not a secondary thing that you think about.

We have to get this right. We have to get it right not only morally to do the right thing, we have to get it right because it cuts to the core of the Nation. What is the next generation looking at and getting right? So when you bring these things and you bring your credibility up here, it is broader than that. You hear that. It is healthy to have the debates up here. It is not healthy when veterans, as the Commander said, are put out there and their well-being is put at risk because we have political differences, because I can tell you it is healthy to have the differences.

This thing about, oh, you people can't get along and you have differences. Why can't you agree? I feel like asking them, have you ever been married? Do you agree all the time? But you know what, you love your spouse dearly; but you have differences, but you find that commonality. I will tell you this: This chairman and these folks you heard speak, there is no one I would rather stand with than them. We don't agree on all the issues, but we agree for care of our veterans. We agree on the basics of the democracy that need to get right. When you come here and bring these things up, it is critically important. I think it is hard to understand, and for many of you, I see familiar faces here. There is folks here, you didn't only fight this Nation's wars, you came back and have been fighting for these things for decades.

Now, there is a tendency to be a frustration that, damn it, why do we have to fight? You are right. Some of these things shouldn't have to be, but democracy is always, has to keep growing, has to keep coming; we have to keep at it. It is not going to run itself, but we shouldn't have to put up with the nonsense of not having the funding there when it is needed, fighting whether we were injured and how that injury came about, and how do we get the care, because no one in my district or any of these folks' districts tells me, you know what you guys need to do, you need to cut the budget by making sure veterans don't get the care they need. I have never heard anyone say that. And they say lots of things to me, good and bad. That is not one they say.

And so Keeping the Promise, nothing should be easier than keeping that promise. Every person in America wants us to keep that promise. And here's what you need to know. The folks that are sitting up here, and I have just two short questions I am going to ask, but I think it is important for you to understand and you who come out here. There are literally millions of folks who they are working today. They have got families. They couldn't come out. You sacrificed. You took your time, your money; you came out here. These folks who are out here on Capitol Hill, they are the best at what they are doing.

And I can tell you what; many things that get done here, they don't get done because of political malice or anything like that. They get done out of ignorance because people just don't know.

Somebody needs to explain how this works. Somebody needs to know how to get this right. And what you understand is in this country right now. President Kennedy was right about this one. You can either curse the darkness or you can light the damn candle. So come here and light the candle. Make people light the candle. There is a lot of people are connoisseurs of cursing the darkness. Well, find a solution. Bring it forward. So your advanced appropriations, that is a candle. Get it done. Get it lit. Get it fixed. It is not that difficult. Move it forward.

I am just going to ask one thing of this group. How we can together help this. I don't know if any of you this weekend, this Senator Boozman was part of a little documentary that was done on Jason Ehrhart and his family. Jason was blown up in Iraq, and he came back home; and the VA, as we did this with the Camp Lejeune bill, put in there and said you know what, through new technology, it is not good enough just to get these guys in wheelchairs. It is not good enough to find the newest prosthetic. Because the new—and there are folks here sitting are living testimony to this—we don't know what the limits of your rehabilitation are, so let's get it there.

And then we also promised and said if your parents or your spouse are taking care of them, we are going to help do that, because you know what, they may be your son, but they are our warrior. So you are giving the love. You are doing that. I am out of time.

I am out of time, but what I am telling you is Jason and his parents, Mike and Pam are telling me, it is not happening the way we intended it to happen. They are paying out of pocket for those types of things. We have got to figure out how to do better because this kid, this 23-year-old kid summed it up best. He said what kind of person wants to be told they plateaued. What kind of man wants to be told he plateaued? He said, I am not plateauing. I want to ski again. I want to go do these things again. That is the call to action to us. That is the candle we need to light. I just would hope we come back to figure out how we ask for that implementation.

Thank you for indulging me, Chairman.

The CHAIRMAN. Now you know why we call him Commander, Sergeant and Major; He is the highest-ranking enlisted soldier ever to serve in the United States Congress.

Ms. Brownley, you are recognized.

Ms. BROWNLEY. Thank you, Mr. Chair. And I, too, want to welcome everyone who is here from the great State of California. Thank you for travelling here, and thank you for what you do every single day for our veterans in California. My hat is off to you; and thank you, Commander Johnston, for your testimony today and your very detailed written testimony that has been offered to us. I think this is an excellent document for us to hold on to and a document that we can refer to often to make sure that we are fulfilling our responsibilities, not only that we are providing the services our veterans need, but our oversight responsibilities as well.

So thank you for that. And you described the men and women in this room as men and women of honor, and I just want to tell you, I concur wholeheartedly that every man and woman in this room are men and women of honor; and every man and woman

who have served our country are men and women of honor, and I want to express my deep gratitude to them.

I wanted to follow up on Congresswoman Negrete McLeod's questioning with regards to our female disabled veterans and female veterans in general, and I am very excited to hear about what is coming forward this year. I will look forward to the film screening and look forward to the hearing. If there is anything I can do to be helpful in that process, I would be delighted to offer a helping hand.

I want to know if we will get to a place where we actually have, what are the very specific things we need to do for our women veterans and then our ability to create the metrics that we have been talking about today and the transparency to have the metrics that we need for us to oversee and to make sure that we are providing everything we need for our female veterans.

Mr. JOHNSTON. I will defer to the staff.

Mr. AUGUSTINE. Yes. Thank you. Over the last several years, the VA researchers have been evaluating the VA's current health care delivery model for women veterans. As you know, the population of women using the VA system has doubled over the last 5 years. We are pleased that one of the VA Secretary's highest goals is to ensure that all women veterans have access to high quality health care from a provider proficient in women's health at all VA facilities. Although there is still work to be done to fully achieve this goal, we believe VA is heading in the right direction. We especially want to be sure that women veterans have access to all VA special programs and services.

Ms. BROWNLEY. Thank you, sir. I appreciate that. And last week, this committee, Subcommittee on Health, Dr. Benishek and myself, held a subcommittee hearing actually in my district in Ventura County in California, to discuss access to traditional and alternative mental health care. We learned a lot in that hearing. In my county, in Ventura County, there is up to a 44-day wait period to get any kind of mental health care services, which is way too long.

Intake for mental health services, our veterans in Ventura County have to travel into Los Angeles County to just do the intake for their services. We don't have enough mental health providers to meet the needs in our county, so I am looking forward to being able to resolve some of those issues.

But we did spend a great deal of time also talking about alternative mental health options, and I understand that the DAV hosts a Miracle on the Mountainside event, and it sounds like a really wonderful event; and I am curious to know, from your perspective, are there other alternative forms of therapy that the DAV has found to improve psychological well-being of veterans who are suffering from post-traumatic stress?

Mr. JOHNSTON. I serve as the chief operating officer in my full-time job of the largest mental health agency in Cincinnati. Yes, there are many things that are done. There are many things that the DAV funds that are alternative therapies through our charitable service program, and staff can tell you what some of those are; but it can be swimming with dolphins. It can be horseback riding. It can be something as simple as growing a garden; and all of those things are important to people that are reaching out be-

cause they have a mental illness, albeit depression or severe mental illness; and so the normalization of their lives is an important function of that, and we believe that, and we do what we can do to fund those types of programs, and I defer to the staff for other answers.

Mr. AUGUSTINE. And we agree that alternative therapies are very important. Even meditation now is becoming more and more known as a way to deal with those type of issues. We are very pleased that the VA is now starting to look at some alternative therapies. They are not just stuck in their traditional therapy mode anymore. They are considering other types of therapies. Recently they just hired, I believe, 900 peer-to-peer counselors that we are very excited to see the results of that initiative. So we do believe they are starting to understand the need for alternative therapies.

Ms. BROWNLEY. Thank you, sir. And thank you, Mr. Chair, for your indulgence.

The CHAIRMAN. Thank you, Ms. Brownley. Thank you members for hanging in there. Commander, we appreciate your testimony. Again to each and every one of you that have made the trip to your Nation's Capital: We thank you. We thank you for what you have done for this country. We thank you for what you continue to do for this country.

I would ask that all members would have five legislative days with which to revise and extend their remarks or add any extraneous materials. Without objection, so ordered; and with that, Commander, this hearing is adjourned.

Mr. JOHNSTON. Thank you, sir.

[Whereupon, at 3:39 p.m., the committees were adjourned.]

APPENDIX

PREPARED STATEMENT OF MICHAEL MICHAUD, RANKING MINORITY MEMBER

Good Morning, Commander Johnson. Thank you and all the members of DAV and the Auxiliary for your service. We also thank you for your continued dedication to our nation's veterans.

I want to take this opportunity to welcome those of you in the audience from Maine. The sons and daughters of Maine have a history of service to our Nation, and I am glad to see you continuing that tradition.

DAV and other veterans' groups are active and valued partners to us in Congress as we work to keep our promise to America's veterans. I want to thank you for your work on advocating the passage and enactment of H.R. 813, the Putting Veterans Funding First Act. We have seen how well advance appropriations work for VA medical care. It is time that the rest of VA's discretionary budget be treated the same. We owe it to America's veterans to provide certain and stable VA budgets.

The VA is pursuing a wide range of initiatives, from new methods of health care delivery to electronic benefits management. These investments will help bring the Department into the 21st century. Working with you and the VA, we will make sure that

these initiatives are implemented fairly, transparently, and in the best interest of veterans and taxpayers.

Making sure that the VA can meet the challenges of the 21st century is the job of all of us. I know that DAV, your members across the country, and your staff here in Washington are ready and eager for the challenge.

I look forward to your testimony today, and again thank you for DAV's long history of distinguished service, in and out of uniform.

Thank you Mr. Chairman and I yield back the balance of my time.

STATEMENT OF JOSEPH W. JOHNSTON

DAV NATIONAL COMMANDER BEFORE THE COMMITTEES ON VETERANS' AFFAIRS U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES, WASHINGTON, DC, FEBRUARY 25, 2014

MESSRS. Chairmen and Members of the Committees on Veterans' Affairs:

It is indeed an honor and a privilege to appear before you today to present the legislative and policy recommendations of DAV (Disabled American Veterans) for the coming year, and to report to you our accomplishments for wounded, injured and ill veterans as an organization over the past year.

Before I report our work to the Committees and make our legislative recommendations, I want to take a moment to inform all Members of the Committees that DAV has transitioned into a new era in our professional leadership. Our superbly effective Chief Executive Officer (CEO) and National Adjutant, Arthur Wilson, retired in 2013 after a 47-year career in DAV. Art's departure after such a long and productive term will clearly leave a void, but DAV has selected an able, experienced executive in J. Marc Burgess, as our new CEO and National Adjutant. Marc is a distinguished Navy veteran, who has held increasingly responsible positions in DAV for over 20 years, including most recently serving as Executive Director of our National Headquarters in Cold Spring, Kentucky. We also have seasoned leadership in our Washington office in the person of Garry Augustine, our new Executive Director. Garry, an Army Vietnam combat veteran, rose to this position after a long career in DAV, including serving as our National Service Director. Jim Marszalek, a Gulf War-era Marine, has assumed the National Service Director position. Last but certainly not least, Barry Jesinoski, also a Gulf War-era Marine, has returned from our Washington office to lead our National Headquarters as Executive Director there. DAV is thrilled to have these experienced hands now commanding our professional activities in Cold Spring and Washington, D.C.

At the outset of my statement, I want to thank Members of these Committees on behalf of the more than 1.4 million members of DAV and our valued Auxiliary for the steadfast support Congress has given to wounded, injured, and ill veterans and their families and survivors.

As I sit here before these august bodies today, I am reminded of, and humbled by, how important your work truly is. Your efforts

are important because the people have elected you to the House and Senate to represent them across a vast sea of crucial national responsibilities, to govern them with care, and to protect them from harm in its many forms, so they can live their lives in peace. Our DAV mission is important because the members of DAV have elected us to represent their interests to ensure that their brother and sister veterans, injured or made ill in war by virtue of decisions you and your forbears made in this Capitol, see their needs met afterward by a caring and grateful nation. These responsibilities are not mutually exclusive, but are interconnected. My testimony today is intended to help you understand this relationship, and perhaps give you information showing how DAV brings hope and, most important, services to millions of our fellow veterans, without any financial support from our government other than in-kind services authorized by law. We rely on the benevolence and generosity of the American people for the funds that support our work on behalf of wounded, injured, and ill veterans. However, DAV and others look to you and the government to bring that same hope, and restore that same prospect to these veterans. Only by working together can we make these veterans feel whole again and achieve our mutual goal.

Members of the Committees on Veterans' Affairs, the group before you came into this hearing, in this beautiful and historic Cannon Caucus Room, after a public rally we conducted at noon today in view of the Capitol dome as part of DAV's Operation: Keep the Promise. At that rally we heard the stirring words of distinguished veterans and guests, who laid out a challenge before Congress, and to the American People, to keep the promise made to veterans—and particularly to those who paid a high price in military service to our Nation. We were joined by thousands of veterans and fellow Americans online, who are lending their voices to our call to action. Operation: Keep the Promise is focused on ensuring that the Department of Veterans Affairs (VA) is afforded sufficient, timely, and predictable funding in advance for all its budgetary accounts, to enable it to carry out your expressed intent, as made so eloquent by Lincoln's words, "...to care for him who shall have borne the battle, and for his widow and his orphan." To do this, VA needs a sufficient, predictable, stable budget, approved by Congress and the President on time every year.

Each of you knows, for different reasons perhaps, that Congress and the Administration, in the current political climate, cannot seem to agree on how to fund the operations of government. In fact for 22 of the past 25 years, the government's budget was not approved by Congress and the President by the start of the new fiscal year on October 1. The VA, like every agency, thereby was stranded in budget limbo, waiting out the day when Congress and the Administration have finally agreed to an acceptable funding level. The VA to my knowledge has never been the reason for any of these stalemates, but VA and the veterans it serves were caught nevertheless in the same snare. Over the years, this paralysis created no end to the problems of running an efficient medical care and benefits system, a complex labyrinth of programs and services designed to help veterans repatriate, heal, rehabilitate, educate themselves, and to compensate them for their wounds and injuries, so

they might reemerge fully prepared to resume their civilian roles in American society.

After a protracted struggle, in 2009 we solved one key part of this problem through Congressional enactment of advance appropriations for VA medical care. This law was a godsend to six million veterans and to VA itself, and I'll tell you why with a very practical example. Advance appropriations proved their worth in last October's government shutdown. While nearly every other agency in the civil service was thrown into shutdown status and chaos for 16 long days, and most of their employees were sitting at home in worry, and a plethora of federal services lapsed, VA health care facilities and all their employees and staff continued normal operations, caring for hundreds of thousands of injured, wounded, and ill veterans as if no shutdown was underway at all. Other important VA programs, however, suffered through the shutdown, then reduced, and nearly eliminated, vital services to veterans—because, simply put, they began to run out of money. DAV resorted to occupying temporary quarters, including tents, when VA regional offices were shut down. We were determined that DAV's free representational services to veterans would not, and could not, be interrupted, despite veterans being locked out of our offices at VA benefits locations. Another real fear that fortunately did not come to pass was whether veterans' disability compensation checks would arrive on time in November. We were informed, if the shutdown continued, that funds would not be available for disability checks or other VA financial benefits, such as survivors' compensation and vocational rehabilitation benefits.

Additional VA Accounts Should Be Advance—Appropriated

We believe Congress should expand the advance appropriations umbrella to protect VA's remaining accounts. For example, although VA medical appropriations may provide assurance that a new outpatient clinic can open without delays, the fact that VA's information technology (IT) funding is still provided through the stymied regular appropriations process means that computers or other IT systems (such as radiology and laboratory equipment) on which health care crucially relies, might not be provided until Congress completes work on the regular appropriations acts, delaying the clinic opening by weeks or even months. Similarly, funding for VA's Medical and Prosthetic Research program directly contributes to excellent clinical care of veterans, and supports VA's affiliation relationships with more than 100 schools of medicine and other health professions, but it is funded apart from advance appropriations and subject to the same paralysis affecting VA's other regular appropriations. VA was on the verge of halting thousands of ongoing research projects when the shutdown ended. Moreover, the funding for VA construction accounts, providing VA capital infrastructure and large investments in facilities improvements, would also be more efficient and cost effective if it were provided through advance appropriations. Stopping construction projects because of an unrelated budget crisis only leads to more delay and higher costs for VA. Finally, the Veterans Benefits Administration's ability to address the backlog of pending claims and transform itself into

a modern 21st century organization is being hindered by now-predictable annual budget stalemates and seemingly endless continuing resolutions. Given the universally recognized success of advance appropriations in VA health care, Congress should determine whether some or all of the other VA appropriations accounts should be managed through advance appropriations so that veterans and their families and survivors are not forced to sacrifice yet again, and needlessly.

Members of these Committees, during last year's Veterans Day activities, I attended a ceremony commemorating the Traveling Vietnam Veterans Memorial Wall, a national tribute to Vietnam veterans who gave the ultimate sacrifice in that unpopular war, a war in which I and many members beside and behind me, in this historic room, served. When the ceremony ended and the crowd was dispersing, a woman from the audience approached me to say how grateful she and her husband were to DAV for our strong advocacy and unflagging efforts in helping to end the government shutdown mere days before VA ran out of funds to support the payment of disability compensation. She explained to me that she and her husband's only income due to his disability and her personal care giving of him is his monthly VA compensation. As the shutdown lingered day after day, she told me, with tears in her eyes, they had worried terribly that without that VA payment on November 1, they wouldn't be able to buy food, gas, or pay their rent. As National Commander of this tremendous organization, I was grateful to her for her kind words about DAV's effective advocacy, but it concerned me greatly that she and her husband were forced to go through such a terrible ordeal, given the sacrifice they had already made for this country.

We should never again put a disabled veteran or his or her family in such a situation. This is why DAV's Operation: Keep the Promise intends to make advance appropriations for all VA funding accounts, including its mandatory disability payments to veterans, our highest legislative priority in 2014. Thousands of DAV members and supporters from all over this nation are sending social networking, email, and telephonic messages today to your offices and those of every Senator and House Member. Today, when you pick up and browse your Roll Call, Politico, National Journal Daily, or The Hill, you'll see our Operation: Keep the Promise message prominently displayed. DAV launched this one-day intense campaign because we are serious and dedicated to this goal, and I assure you this testimony will not be the last time you hear about this urgent need. This is not a partisan issue; not a Democratic or Republican issue; it's a veteran issue, and as National Commander of DAV, I want all of you to join me and everyone else in this room, and our 1.4 million DAV and Auxiliary members, in making it your highest priority as well. If solving this particular problem for wounded, injured, and ill veterans is not a high priority for your Committees, Congress in general, and the Administration in this New Year, please tell me what is. Bills to make this a reality are pending in both Congressional chambers; DAV urges you to pass the Putting Veterans Funding First Act as a top priority for 2014.

VA Health Care

MESSRS. Chairmen, let me turn my attention to the VA health care system and what it means for members of DAV.

As you well know, the Veterans Health Administration (VHA) is the largest direct provider of basic and specialized health care services in the nation with a core mission of providing comprehensive veteran-centered health care. Across the nation, VA is a model health care provider that has led the way in various areas of biomedical research, specialized services, graduate medical education and training for all health professions, and the use of technology to improve health care. VA's specialized programs and treatment for war-related polytrauma; traumatic brain injury (TBI); prosthetics and orthotics for traumatic limb loss and other trauma injuries; spinal cord injury and dysfunction; blind rehabilitation; post-traumatic stress disorder (PTSD); and post-deployment mental health are essential elements to rehabilitate and provide comfort to wounded, injured, and ill veterans and their families. Such quality and expertise on veteran-specific health needs cannot be adequately replicated in the private sector. Many DAV members rely solely on the veterans' health care system for lifelong care; thus, the Department must continue its legacy of excellence with sufficient funds and other resources to meet the ongoing specialized needs of wartime veterans.

MESSRS. Chairmen, DAV and the veterans we represent are grateful for the resources that Congress and your Committees have provided to the VA health care system. For more than a decade during our two overseas wars, VA has received substantial annual funding increases for its health care programs. Also, DAV acknowledges the Committees' continued oversight and dedication in working to improve the system and ensuring that resources Congress provides are spent wisely and concentrated on direct patient care and other services. We fully support these efforts and want to assist you in ensuring a sustainable system for veterans who need VA now and in the future. We encourage the Committees to continue the vigorous oversight of VA to ensure that its mission is properly carried out to care for this nation's veterans, their families and survivors. We concur with you, Messrs. Chairmen, that VHA must be more transparent, responsive, and accountable to Congress and to the veterans it serves. DAV is committed to working with Committee members and staff, to report our concerns as they arise, and to work to find viable solutions so veterans may be better served.

Members of the Committees, since the beginning of the military conflicts in Iraq and Afghanistan, 2.6 million individuals have served or are still serving in these war zones. More than 6,775 have died from wounds, illnesses, or accidents, and hundreds of thousands have been injured, wounded in action, or became seriously ill while serving. Of the more than 1.7 million service members who have left active duty and are now veterans, about one million have sought and obtained VA health care in some form. We must make caring for those who have served our nation and its citizens an unwavering priority.

In addition to the previous generations of wartime veterans currently receiving VA benefits and health care, VA must make continued efforts to absorb the influx of new veterans streaming into

the system while maintaining a high level of baseline services for all enrollees. War veterans must have ready access to primary and specialty health care services and programs, post-deployment mental health services, cutting-edge treatments for TBI, high-quality prosthetic items, and a comprehensive array of ancillary health services needed to recover and successfully rehabilitate from war-related injuries and illnesses. As you might imagine, this is an expensive proposition, but its value to these veterans, and to the nation, is well worth the cost in our estimation.

Additionally, given the significant increase in the number of women who are now seeking VA benefits and health care in unprecedented numbers following wartime service, VHA must be prepared to address their unique post-deployment and health maintenance needs. According to VA, women are the fastest growing segment of new VA health care users. Increased outreach efforts to enroll returning veterans from Iraq and Afghanistan have resulted in more than 50 percent of eligible veterans enrolling and using VA services. In fact, the number of women in VA care has doubled over the past 10 years and is projected to be 10 percent or more of the total patient population by 2018. The shifting age demographic of younger women veterans enrolling in VA health care over the past decade portends implications for both policy and clinical practice in the VA health care system. VA must continue to increase capacity in women's clinical services and ensure that VA health professionals are properly trained and skilled in women's health. Additionally, since more than half of women veterans under VA care are service-disabled, the Department must reallocate resources and ramp up clinical training for these high-priority VA beneficiaries with age-appropriate, lifelong specialized care.

Another group of people who deserve unwavering support by Congress and the American people are family caregivers of severely injured or ill veterans of all military service periods. Only with the help of their caregivers are many of these severely wounded, ill, and injured veterans able to remain out of institutions, reintegrate into their communities, and achieve their highest levels of recovery and quality of life. Family caregivers are critical members of a veteran's health care team—these are unsung American heroes who often sacrifice their own health, well-being, employment, educational and other goals, to care for their loved ones, our nation's true heroes, such as the wife of the Vietnam veteran I met at the traveling Vietnam Veterans Memorial Wall. DAV believes it is only proper that family caregivers be recognized for their decades of sacrifices and dedication, and receive the support and assistance they need to fulfill their vital role.

We are pleased that Congress enacted Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, authorizing VA to provide comprehensive support and services to caregivers. Some 10,000 families are covered by these new VA services, while a much larger group of families carrying the same burdens receives only partial VA support or none at all. As one of DAV's priorities, we call on Congress to continue the work it began and address this inequity by extending equal benefits and services to family caregivers of veterans of all military service periods. The particular calendar date on which an injury or illness occurred

should not be a reason for legislation to discriminate against one group of veterans to favor another. They are all equal in our eyes, and equally deserving of your support and the support of the nation.

Wartime service members, like many generations of veterans, chose military service to protect freedoms at home, advance the liberty of strangers in foreign lands, and to keep our nation safe and strong. At the behest of government these men and women serve and make great sacrifices, as do their families. For some, the sacrifices are devastating and life-altering; for others, life-ending. The men and women of DAV remain steadfast in our fight to ensure that our government fulfills its promises to all veterans who depend on VA's health care system, and for those who will need the system in the future. We acknowledge it is not a system absent any flaws, but we want your Committees and every Member of Congress to understand that VA health care remains a vital resource for veterans, especially wartime wounded, injured, and ill veterans, and we believe VA must be protected, preserved, and enhanced. It is our responsibility, with your help and that of the Administration, to ensure VA is properly maintained and modernized to deal with the needs of veterans of all generations, including those returning from our current wars. Especially in recent years, VHA has received its share of criticism and been held publically accountable for its errors and lapses; however, VA health care also has been cited by numerous independent reviewers as outperforming every other health care system in America, in quality of care, cost, patient satisfaction, and safety.

MESSRS. Chairmen, 10 years ago DAV commissioned a private firm to conduct a nationwide survey of DAV members to gauge their perceptions of VA quality, satisfaction, access, and safety from the perspective of our members, who regularly and intensively use VA health care services. We believed then, as we do now, that our members might offer a very useful set of responses, because they are regular patients, with high priority for care. When the report of that survey was completed, we were pleased, with rare exception, that our members were highly satisfied with VA across a series of important questions relating to their care. The primary negative responses we received then dealt with access matters and waiting times, but our members solidly appreciated the quality of VA services they received.

Based partially on the oversight discoveries of the House Committee under Chairman Miller over the past two years, DAV is considering conducting a new survey in 2014 of our members on many of these same questions. We are anxious to know from veterans of all ages wounded, injured or ill from wartime service whether VA across the nation is meeting their needs now, and whether they perceive VA in ways similar to our members' reports in 2004. We will provide both Committees the results of our new survey once it is completed.

Many challenges lie ahead for VA in the decades to come, including rising long-term care needs of World War II and Korean War veterans; an aging Vietnam-era population with rising morbidities; and the long-term physical and mental health care needs of veterans of the Gulf War and the wars in Iraq and Afghanistan. Bar-

riers to care and delays in the delivery of essential benefits and services must be minimized, and basic and specialized VA services must be provided, when and where veterans need them.

VA Capital Infrastructure Lacks Investment

Members of the Committees, DAV believes one of VA's greatest single challenges, and one that is both directly and indirectly related to a number of oversight matters you have uncovered over the past two years, is the enormous gap that has grown unabated in VA capital infrastructure. VA's FY 2014 appropriation for major and minor construction is a mere \$1.1 billion, contrasted with the Independent Budget recommended level of \$2.6 billion. For FY 2015, the Independent Budget is recommending \$3.9 billion for all VA infrastructure programs, \$2.7 billion more than the FY 2014 appropriated level. Our request was based directly on VA's own analysis and estimates of its capital needs. This has been an annual recurring pattern: VA identifies billions in needed new facilities, renovations and various capital improvements. Through the budget formulation process, however, VA's request is reduced to a small fraction of the funds needed. These unaddressed needs simply pile up.

VA's latest estimate in its so-called "10-year plan" calls for more than up to \$64 billion in infrastructure investments. As we have indicated in the Independent Budget, at current funding rates, VA will need more than 25 years to complete its current 10-year plan, a ridiculous proposition. Although Congress has funded new VA major medical facilities in recent years in Las Vegas, Denver, Orlando, and New Orleans, the vast majority of existing VA medical centers and associated buildings are more than 60 years old and badly in need of renovations, upgrades to building systems, and numerous total replacements. Aging facilities create an increased financial burden on VA's maintenance requirements and routine operational costs, and we believe they also affect quality of care. Unless Congress approves additional capital funding, there is a real risk that VA's declining infrastructure will diminish the care and services VA can provide to wounded, injured, and ill veterans. We have not seen any media discuss the situation that occurred with the outbreak of *Legionella* at the Pittsburgh VA medical center in the context that the major building systems and the buildings themselves are more than 60 years of age, but we must wonder if some connection between those decrepit water systems within the facilities could be related to the outbreak. Would *Legionella* have occurred in a new VA facility, with new piping, venting, and cooling towers?

Not only does aging infrastructure affect health care delivery, but also it challenges VA's academic mission, including its significant clinical and biomedical research program. VHA conducts world-class and veteran-focused research in basic sciences, genomics, rehabilitation, prosthetics development, clinical trials, and health services. The existence of a robust research program has enabled VA to become one of the highest quality health care systems in the world. Also, VA researchers have been awarded three Nobel Prizes in immunoassay, medicine and chemistry, and are the recipients of numerous other prestigious awards both do-

mestically and internationally. VA researchers annually publish thousands of peer-reviewed articles in the scientific literature, and VA's work not only improves care and treatment of veterans, but also affects the standard of care for all Americans.

In 2012, VA released a report from a House Appropriations Committee-directed study of infrastructure needs in VA research facilities. VA had commissioned the review to three outside firms. The report concluded VA needed almost \$800 million to upgrade, restore, and, in some cases, entirely replace research laboratories and associated facilities in 76 VA academic health centers. Since the report was released, VA has made no public statements with respect to these findings or revealed its intentions to address these deficits, many of which deal with life-safety issues for veterans and other VA staff.

We eagerly await the Administration's budget for FY 2015 to determine if VA intends to begin the restorative process and address, at minimum, the most urgent needs identified in the report. The Independent Budget recommends that Congress appropriate \$50 million in FY 2015 for up to five replacement research facilities and \$175 million to aid in addressing and repairing the most pressing of the priorities identified in the report. Also, of great concern to the DAV and the other authors of The Independent Budget is the serious under funding of all VA construction appropriations accounts. From FY 2002 through 2014, we have recommended a total of \$23.5 billion for major and minor construction, yet less than \$13.5 billion was appropriated by Congress to keep rapidly aging facilities safe and operational.

We ask Congress and VA to consider what has made VA the special resource it is today and what must be done to improve, sustain and secure its longevity for decades to come. Just as you do, we want VA to maintain a stellar reputation and provide the highest quality care possible to our Nation's veterans. We want our veterans to know that promises made will be kept. While direct patient care services are a primary focus, the foundational and core needs that make up the system cannot be neglected. A dedicated effort must be made to address the current physical infrastructure, IT and telemetry needs, and address safety deficiencies and other core support programs that are the underpinnings of the VA health care system. Likewise, creative, capable leaders must be molded to better manage the vast network of VA employees, hospitals, community based clinics, and ancillary facilities that make up the VA health care system. To achieve our goal, the Administration, Congress, VA, and the veterans community must work together to identify and resolve existing challenges and bring forth the VA health care system our nation's veterans deserve and need.

The Fiscal Year 2015 Independent Budget, by Veterans for Veterans

As of today, Congress has yet to receive the Administration's FY 2015 budget request. Indications are the Administration's budget will be submitted at the beginning of March 2014, possibly later. It should be pointed out and not lost on Congress that VA last received an on-time budget 16 years ago, in 1998. We urge your Committees to closely monitor VA's current medical care program fund-

ing to ensure VA receives sufficient funding from Congress for the remainder of this fiscal year, and to carefully examine the VA's budget proposal when it is released for the FY 2015–16 periods, to be sure that the government continues to provide sufficient, timely, and predictable funding for VA health care. Failing to pass VA's budget on time and at adequate funding levels simply leads to one fact: a failure by our Congress and Administration to meet their obligations to our Nation's heroes.

In the absence of the Administration's budget request for FY 2015, DAV and our Independent Budget (IB) co-authors (AMVETS, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States) are calling for \$61.1 billion in VA Medical Care funding. For Medical and Prosthetic Research, the IB recommends a funding level of \$611 million. The IB recommends approximately \$2.9 billion for VA's General Operating Expenses. For total capital infrastructure programs and grants, the IB recommends \$3.9 billion, \$2.8 billion for major medical facility construction projects, \$831 million for minor construction projects, and \$298 million for VA grants to state veterans homes and state veterans cemeteries. DAV and its IB co-authors recommend a total VA discretionary funding level of \$72.9 billion in FY 2015.

More detail on our recommendations for both policy and budget matters can be found at www.independentbudget.org. Our staffs stand ready to provide you additional or clarifying information on our concerns about the budget, and our recommendations for VBA and VHA programs and services. We hope to testify soon before your Committees on these issues.

Veterans Benefits Claims Processing Reform and the Vital Nature of Disability Compensation

MESSRS. Chairmen, authorizing benefits for veterans, especially disabled veterans, without providing the systems to deliver those benefits in a timely, accurate manner is a promise unfulfilled. For decades, VA's benefits claims process has failed to meet that promise. Today, however, for the first time in years, some good news is coming from the Veterans Benefits Administration. After four years of comprehensive transformation that included implementation of new organizational and operating processes, new IT systems, and new training, testing, and quality control regimes, there is measurable progress in addressing the backlog of pending claims for veterans benefits.

As the House and Senate address the major challenges facing our Nation, we urge you to continue focusing on the unfinished work of reforming the veterans' benefits claims processing system. For DAV and many other veterans organizations, ensuring that wounded, injured, and ill veterans and their dependents and survivors receive all the benefits they have earned, without undue delay, remains an important legislative priority for 2014.

As a result of all this transformation, there are quantitative metrics showing progress. At the beginning of 2013, more than 860,000 claims were pending for disability compensation and pension. By the end of the year, that number had dropped by more than 20 percent, down to about 685,000. The number of claims in the backlog—greater than 125 days pending—dropped by about a

third, from over 600,000 in January 2013, to just over 405,000 in January 2014. The VBA increased the number of claims completed each month from an average of about 89,000 during the first four months of the year to more than 114,000 during the succeeding six months prior to the government shutdown.

The most important factor driving VBA's productivity gains was undoubtedly the policy of mandatory overtime for claims processors, a period that ran from May through November. During this six-month stretch, the VBA achieved significant increases in the number of completed claims per month, reaching as high as 129,488 in August, before dropping back down during the government shutdown and after mandatory overtime ended just before Thanksgiving. The other key factors boosting claims production were likely the increased focus on fully developed claims (FDCs) and the continued professional development of VBA's newest employees hired during the past five years. Although the VBA finished the rollout of both the Veterans Benefits Management System (VBMS) and the new transformation organizational model last year, this achievement likely had only a marginal influence on productivity increases last year because of the learning curve that both employees and management must complete before they reach their full productive potential with new systems.

While the reduction in the backlog was certainly good news, even more encouraging was the steady increase in the accuracy of claims produced throughout the year, as measured by the Systematic Technical Accuracy Review (STAR) teams, which rose to 89.6 percent by the end of 2013, as reported by VA. Although this figure remains far from the 98 percent accuracy goal put forward by the Secretary, it is a significant improvement.

While the progress is real, we continue to have some concerns about a recent trend toward less openness and transparency from the VBA over the past year, which could hinder its ability to successfully complete the transformation. It is essential that VBA work in an open, transparent, and collaborative manner with both Congress and VSOs in order to continue receiving the support and assistance needed to complete this transformation. Just as important, without proper and transparent data and metrics, neither Congress nor VSO stakeholders can gain the information necessary to provide constructive feedback that could help improve VBA's claims processing system.

Creating A Culture of Accountability at VBA

In order to complete the transformation, end the backlog, and decide each claim right the first time, VBA must develop and inculcate a new work culture based on quality and accountability. At a time when so much national attention has been focused on reducing the number of claims pending in the backlog, VBA must continue to place at least equal emphasis on quality and accuracy, rather than merely speed and production.

As technologies and processes come online, it is imperative that the VBA be able to make timely adjustments to performance standards to ensure that production pressures do not outweigh the goals of accuracy and quality. VBA must develop a scientific methodology for measuring the resources (primarily personnel) required to accu-

rately and timely process the current and future anticipated workload, as well as develop a new model for allocating those resources among VA regional offices.

The VBA must continue to invest in the training and professional development of its workforce. Over the past several years, the VBA has reengineered its “challenge” training program for new employees, with four weeks of in-station training followed by four weeks of training at centralized locations around the country. In addition to the requirement for all employees to complete continuing training of 85 hours per year, VBA has developed a new training program called Station Enhancement Training (SET), which requires all employees at targeted poor performing VA Regional Offices (VAROs) to undergo comprehensive training together for one week. SET allows employees to review and refresh their knowledge while also providing structured time to work live cases under the supervision of the training staff. VBA has found that SET not only increased quality, but also boosted morale of employees, and the VBA expects to continue SET in 2014.

VBA also requires that employees, everyone from coaches to Veterans Service Representatives, take and pass a skills-certification examination every two years. For STAR employees the testing is now done every year to ensure that those who measure quality are held to the highest standards. Certification exams are designed by subject matter experts and reviewed by a test committee of employees who process claims to ensure that the examinations are appropriate for each class of employees. VBA must continue to ensure that its testing regime is adequate to measure necessary job skills and that appropriate human resources accountability measures are developed for employees who fail to pass skills-certification examinations.

In order to sustain progress made with the new IT systems and organizational models, the VBA must continue to make the changes to its work culture so that quality and accuracy are the cornerstones of all activities. VBA’s creation of Quality Review Teams (QRT) was a powerful statement of the VBA’s commitment to quality. QRTs perform several functions: they conduct local quality reviews, perform in-process reviews, and provide select training. In particular, the in-process reviews allow errors to be corrected before they negatively affect a rating decision and without penalizing the VBA employee. The VBA must continually evaluate and improve its training, testing, and quality-control programs in order to truly reform the claims system over the long term.

Fully Developed Claims Program

DAV continues to actively support the fully developed claims (FDC) program and the VBA’s goal of channeling an increasing share of all claims through the FDC program: by the end of 2013 nearly 25 percent of all claims filed were done through the FDC program, with DAV having the highest rate among all VSOs. This approach lowers the burden on VBA employees and results in faster and more accurate claims decisions for veterans. While not all claims can or will be filed under this simplified concept, DAV remains committed to its partnership with VBA in the FDC process by encouraging our clients to file their claims in this manner.

There are particular steps VBA can take to ensure continued and improved success of the FDC program, such as reducing the number of claims being removed from the FDC process and designating at least one individual in each VARO as an FDC coordinator to address any problems with claims prior to their being removed from the process.

Private Medical Evidence And Disability Benefits Questionnaires

The VBA should also continue to encourage and support the use and acceptance of private medical evidence to eliminate the time and resources required to administer compensation medical examinations, which would also support efforts to increase the number of FDCs filed. The VBA has taken significant actions in recent years to encourage private evidence, such as the development and use of Disability Benefits Questionnaires (DBQ) and the Acceptable Clinical Evidence (ACE) initiative, under which VA physicians review existing medical records to determine if enough evidence already exists to make a rating decision without the need for an extra VA-ordered examination.

However, resistance lingers in some VAROs and from some employees in giving the same weight to private medical evidence as for VA medical evidence. To further support efforts to encourage the use of private medical evidence, Congress should amend title 38, United States Code, section 5103A(d)(1), to provide, when a claimant submits private medical evidence, including a private medical opinion that is competent, credible, probative, and otherwise adequate for rating purposes, the Secretary shall consider it and not request a duplicative VA medical examination.

Furthermore, the VBA should expand the availability of DBQs, most of which were developed in consultation with DAV and other VSO experts, to enable private physicians to submit medical evidence on behalf of veterans they treat. The VBA must also develop and institutionalize greater cooperation from VHA in having VA physicians complete DBQs for veterans treated by VHA. In the past year many VHA treating physicians were told that they either should not or may not fill out DBQs for their patients. The VHA has made efforts to address this problem by creating more convenient opportunities for veterans to have DBQs completed by VHA physicians at specific times and locations. However, VBA and VHA should continue working to reach an agreement to have VHA-treating physicians complete DBQs for veterans upon request.

Modernizing Technology Infrastructure

Perhaps the most important element of VBA's transformation strategy is the successful implementation of new technology, including the VBMS, the Stakeholder Enterprise Portal (SEP), an expanded e-Benefits system with VONAPPS Direct Connect (VDC), and the Virtual Lifetime Electronic Record (VLER) initiative. In terms of processing claims, the most important technology is the VBMS, the paperless, rules-based system the VBA uses to create electronic claims files, manage workflow, and determine ratings. While full implementation of the VBMS was completed ahead of schedule, VBA must continue to receive and allocate sufficient

funding for scanning paper claims forms and evidence, including back-scanning of legacy files.

We have generally been pleased with VBA's efforts to incorporate our perspectives, experience, and expertise throughout the IT development process, particularly recognizing the important role that VSOs play in the claims process. Although some obstacles needed to be overcome in providing full access to claims decisions for VSOs that hold power of attorney, the VBA continues to work in partnership with VSOs to ensure that claimants will be fully represented in the new digital environment. The VBA must ensure that neither the VBMS nor other new technologies override veterans' rights or the ability of VSOs to fully represent veterans in this new environment. Likewise, significant work remains, including completing the authorization and awards portions of the VBMS for compensation, as well as connecting VBMS to the Appeals Management Center (AMC), Board of Veterans' Appeals (BVA), the United States Court of Appeals for Veterans Claims (CAVC), Education Services, and Vocational Rehabilitation and Employment (VR&E) service. These connections will allow for a continuous electronic flow of vital information throughout the claims process.

Recognizing that no modern IT system or software is ever truly "finished" is vitally important. In addition to the funding required for maintenance of the VBMS system, VBA must continue to make significant investments in VBMS development for the life of this system. Furthermore, as new IT technologies emerge, and new requirements for the VBA are identified, the VBMS must evolve to address those needs and opportunities, requiring an aggressive development program that is supported with sufficient resources.

Another crucial IT component for reforming the claims process has been the development of the SEP, which allows service officers representing veterans to directly file their claims, upload new evidence, and track the progress of pending claims. Essentially, the SEP allows VSOs to do for veterans what VDC and e-Benefits allow veterans to do for themselves. The VBA must continue to work out problems and glitches in the SEP to ensure that VSOs are able to fully represent veterans in this electronic environment.

Perhaps one of the more challenging elements of VBA's IT transformation strategy has been the fulfillment of what has long been called the Virtual Lifetime Electronic Record. After too many years of futile debate, negotiation, and ultimately stalemate on the Integrated Electronic Health Record—a key component of VLER—VA and the DoD must finally come to an agreement on how to create a single interoperable medical record that serves the missions of both departments. The impasse between the DoD and VA has already cost the Treasury more than \$1 billion over five years, and less palatable alternatives to a single integrated electronic health record do not satisfy Congress's 2008 directive to VA and DoD to establish an interoperable joint electronic record. The seamless integration of VA and DoD medical information is one of the keys to truly achieving automated, electronic processing of claims for disability compensation and other earned VA benefits. Congress, VA, DoD, and the Administration must accelerate efforts to finally reach agreement and move forward expeditiously.

Standardized Claims and Appeals

Finally, VA is proposing to amend its adjudication regulations and the appeals regulations and rules of practice of BVA to require all claims to be filed electronically on standardized forms prescribed by the Secretary, regardless of the type of claim concerned; and to require that VA only accept an expression of dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction as a Notice of Disagreement (NOD) only if it is submitted on a prescribed form.

DAV understands the stated intent of VA's proposed amendments as an effort to improve the quality and timeliness of processing claims and appeals. The purpose of the regulatory change is to promote submission of claims and appeals in standard formats in order to capture data for a paperless claims and appeals system. Nonetheless, we are concerned about the proposed rulemaking and the consequential adverse effect upon veterans, especially those who do not have the capability or ability to file their claim or NOD electronically.

First, requiring a veteran to submit a claim on a standardized form is not a new concept. In fact, a claim for disability benefits is defined under title 38, Code of Federal Regulations, section 3.151(a), as "[a] specific claim in the form prescribed by the Secretary must be filed in order for benefits to be paid." So requiring a veteran to file a claim on a standardized form is the current practice; the real question is how the new proposal would impact the effective date of a claim received.

Unfortunately, this proposal goes much further than simply requiring a standardized form to be used; it effectively removes the preservation of the date of claim by eliminating the informal claim from the process. Under this proposed rule, if a veteran did not submit a claim in the prescribed standard format, VA would provide the veteran a correct form as a response; however, if that same veteran did not return the completed forms until seven months later, that new date would be the effective date of the claim—not the actual date on which the veteran submitted his or her unaccepted claim, thereby losing entitlement to seven months of benefits.

DAV takes no issue with veterans being required to submit their claims on standardized forms. This proposed rule, however, would cause many veterans, who may have needed those seven months due to illness or other reasons, to lose the benefit of the informal claims process. This new requirement may be intended to entice veterans to file their claims electronically, but clearly its practice will cause veterans to lose rightful benefits. Congress must further examine this matter, because it will have a major adverse impact on veterans and the benefits they need and have earned.

The proposed rule also seeks to require veterans to submit their NOD on a standard form. As we have stated, DAV does not take issue with requiring veterans to use a standard form; however, this proposal will cause many veterans to lose their appeal rights. Quite simply, under this proposal if a veteran does not use the standard form and complete it exactly as directed, no additional time period will be provided to the veteran for correction. The appeal period will simply end.

MESSRS. Chairmen, a distinction is being created between those who possess the resources and capabilities to meet electronic claims filing requirements and those who are not able to do so. VA serves veterans and other claimants of diverse backgrounds, with varying capabilities, education, and financial resources. Some claimants, particularly those of limited financial means and those with severe mental or physical impairment, will be penalized by VA not retaining some measure of accommodation for allowing an effective date for entitlement to benefits based upon the receipt of a communication expressing such intention.

Because of this disparity, and its effect on a claimant population that may require extra assistance, we recommend that an incomplete electronic or non-electronic claim, be considered a request for an application of benefits under the proposed provisions of title 38, Code of Federal Regulations, section 3.155(c), and established as the effective date of entitlement if an appropriate completed application is received within one year of the date the Secretary notifies the claimant and the claimant's representative, if any, of the information necessary to complete the application, as currently stated in regulation.

DAV—Dedicated to a Single Purpose: Empowering Veterans To Lead High-Quality Lives With Respect and Dignity

MESSRS. Chairmen and Members of these Committees, I now turn to a topic that fills me with great pride—the dedication of DAV members, some of whom are also employees of our organization.

Everyone behind me knows DAV well, because collectively with our 1.4 million fellow members, we are DAV and its Auxiliary. We take great pride in making individual contributions to the work of our Chapters and Departments across this country, helping our communities, helping VA, and in so many ways helping other veterans who have served and sacrificed. This is not only our mission, but our reward.

MESSRS. Chairmen, in this part of my testimony not only will I bear witness to what we at DAV expect from Congress in the form of legislation and other support, but I will also summarize some of our work that you may not know about, but that is important to America's veterans, their families and survivors, and also represents how DAV cares for our fellow veterans, and for our country.

Fulfilling Our Promises to the men and women who served

MESSRS. Chairmen, as I indicated earlier in this statement, a sacred obligation of our government and core mission of DAV is the VA's provision of benefits to relieve the adverse effects of disability on veterans and their families. For those benefits to effectively fulfill their intended purpose they must be adequate, and they must be granted in a timely manner. The ability of disabled veterans to maintain themselves and their families often depends on the timely delivery of these benefits. The need for benefits among disabled veterans is usually urgent. While awaiting action by VA, they and their families may suffer hardships; protracted delays can lead to deprivation, bankruptcies, home foreclosures, and even homelessness. Tragically, innumerable veterans have died from their serv-

ice-related disabilities while their claims languished at VA, in some cases for years. This sad fact alone proves disability benefits are crucial; providing for veterans disabled as a result of their service to our nation should always be a top priority of the government.

DAV's core mission is carried out through our National Service Program. Our Chapter Service Officers, Department Service Officers, Transition Service Officers and National Service Officers have never wavered in their commitment to serve our nation's wounded, injured, and ill veterans, their families and survivors, or any veteran for that matter. In all, DAV has 2,949 service officers, including County Veteran Service Officers accredited by DAV, all of whom are on the front lines, providing much needed claims services to our nation's veterans, their families and survivors. No one has more impact on our organization's ability to meet our primary mission. No one has more impact on our organization's stellar reputation. No one has more impact on empowering disabled veterans to become productive members of society again. And I believe no one has a tougher task than those DAV service officers assisting veterans and their families and survivors in their claims for benefits from the government—at times a very reluctant and entrenched government bureaucracy.

In addition to the long hours, often frustrating circumstances, and tedious tasks, to be effective, DAV National Service Officers must gain a solid understanding of the claims process in its complex entirety, undergo intense training and education in title 38 law and regulations, and complete college-level classes associated with our representational duties—much of which they receive through the national organization—guided, monitored, and supervised by our professional National Service Department headquarters personnel in Washington, D.C.

DAV National Service Programs

To fulfill our mandate of service to America's wounded, injured, and ill veterans and the families who care for them, DAV directly employs a corps of more than 270 National Service Officers, all of whom are wartime service-connected disabled veterans who successfully complete their training through VA's VR&E service. The military experience and personal claims and treatment experiences of DAV NSOs through military and VA health care not only provide a significant knowledge base, but also help promote their passion for helping other veterans through the labyrinth of the VA system. DAV NSOs are situated in all VA regional offices as well as in other VA facilities throughout the nation.

Our NSOs undergo a rigorous initial 16-month on-the-job training program, as well as structured and continued training and education throughout their DAV careers. During the course of the on-the-job training program, NSO trainees learn applicable laws and regulations pertaining to VA benefits and complete a series of academic courses which include anatomy and physiology, medical terminology, English composition, legal writing, and public speaking. These dedicated NSOs, many of whom are veterans of the wars in Iraq and Afghanistan, sustain DAV's legacy of providing the best and most professional benefits counseling and claims assistance available anywhere. With the generous support of a grateful Amer-

ican public and public-spirited businesses, DAV is proud to provide these services, without cost, to any veteran, dependents, or survivors in need.

During 2013, DAV NSOs interviewed over 187,000 veterans and their families; reviewed more than 313,000 VA claims files; filed over 215,000 new claims for benefits; and obtained more than \$4.3 billion in new and retroactive benefits for the wounded, injured, and ill veterans we represented before the VA. Our NSOs also participated in more than 272,000 VA Rating Board actions.

Appellate Representation of Denied Claims

DAV employs 11 National Appeals Officers (NAOs) whose duty is to represent veterans in their appeals before the BVA here in the nation's capital. In FY 2013, our NAOs provided representation in 28.9 percent of all appeals decided before BVA, a caseload of approximately 12,132 appeals. Almost 47 percent of the cases represented by DAV resulted in remands. These remands resulted in additional consideration or development for over 5,665 claimants who had appealed cases that were inadequately considered by VA regional offices. In approximately 27 percent of the cases, involving 3,265 appellants represented by DAV, the claimants' appeals were allowed, and denials were overturned. This means that approximately three-quarters of the appeals represented by DAV NAOs resulted in original decisions being overturned or remanded to VA regional offices for additional development and re-adjudication. DAV's remand and allowance rates were above BVA's average of 45.6 percent and 26.2 percent, respectively.

Additionally, DAV works closely with two private law firms that have agreed to provide pro bono services to veterans pursuing higher appeals from adverse decisions of the BVA. In 2013, these pro bono attorneys offered free representation before the CAVC in 1,468 denied appeals and provided representation in over 1,160 of those cases. Since the inception of DAV's pro bono program, our attorney partners have made offers of free representation to more than 5,165 veterans and have provided free representation in over 3,360 cases.

Transition Services for New Veterans

Given the significant number of severely disabled service members under care at Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland, and in other military treatment facility locations, DAV continues to provide direct on-site assistance to wounded and injured active duty personnel. DAV's Transition Service Program (TSP) is now in its 14th year. This program provides benefits counseling and assistance to separating service members seeking to file initial claims for benefits administered through the Department of Veterans Affairs. DAV currently employs 33 Transition Service Officers (TSOs) who provide free assistance to service members transitioning from active military service. These TSOs provide services at military separation centers under the direct supervision of DAV NSO Supervisors. Our TSOs have been trained specifically to perform transition presentations, review military service treatment records, and initiate claims activities for transitioning veterans military separation centers at

more than 80 military installations within the continental United States.

DAV's TSP contributes to our goal of maintaining our pre-eminent position as a provider of professional services to veterans. In 2013, our TSOs conducted 1,390 briefing presentations to groups of separating service members, with 54,220 total participants in those sessions. Our TSOs counseled 30,892 persons in individual interviews, reviewed the military service treatment records of 30,260 individuals, and submitted benefits applications for 19,074 personnel to DAV NSOs for filing with the VA.

DAV continues to work within the guidelines of the recently revamped Transition GPS (Goals, Planning, Success) program which is a part of the Veterans Opportunity to Work (VOW) Act and Hiring Heroes Act. Transition GPS represents the first major overhaul of the Transition Assistance Program in nearly 20 years, and DAV remains committed to advocating for these service members to ensure that they are well aware of benefits that they have earned. It is through this program that DAV is able to advise service members of their benefits and ensure that they become aware of the free services that DAV is able to provide during all stages of their claims and appeal process.

DAV Mobile Service Office Program

DAV's fleet of 10 Mobile Service Offices (MSOs) puts DAV NSOs on the road to assist veterans where they live and increases accessibility to the earned benefits our nation provides to veterans. The specially equipped mobile offices visit communities across the country on an advertised and scheduled basis. This outreach effort generates a considerable amount of claims work from veterans who may not otherwise gain an opportunity to seek assistance at DAV National Service Offices.

To support the MSO effort, DAV has received ongoing financial contributions from the Harley-Davidson Foundation. The mission of this project, called Harley's Heroes, is to help DAV reach millions of veterans of all generations and to show the respect DAV and the Harley-Davidson Corporation share for them. It also ensures veterans gain access to DAV's free benefits counseling and claims assistance when and where they may be needed.

DAV also uses its MSOs for outreach to veterans in other public awareness programs, such as attending public air shows, Native American reservation events, NASCAR races, military retiree conventions, the Vietnam Moving Wall appearances, homeless veterans "stand-downs," community fairs and parades, Veterans Day and Memorial Day activities, veterans job fairs, and information seminars of many types.

These specially equipped MSOs, along with our disaster relief teams, also deploy into areas devastated by disasters, enabling DAV to provide much-needed assistance directly to displaced service-disabled veterans and their families. They have been used at ground-zero following the attacks on the World Trade Center, around the Gulf Coast following hurricanes Katrina and Rita, after a devastating tornado in Greensville, Kansas, following a destructive storm in North Carolina, and most recently in New York and New Jersey following hurricane Sandy.

During 2013, our MSOs traveled 89,708 miles to 833 cities and towns, including 127 Harley-Davidson dealerships. DAV NSOs interviewed 20,075 veterans and other potential claimants during these appearances.

When a DAV MSO comes to your state or district, I would encourage the Members of these Committees and your staffs to stop by to learn first-hand the free services that DAV is providing to your constituents. I would also highly recommend that you refer any of your constituents who may need assistance with their VA claims to visit our MSOs when they are in your areas. The MSO schedule can be found on the DAV website, at <http://www.dav.org/wp-content/uploads/MSOCalendar.pdf>.

Voluntary Service Programs

Equally vital to the success of our mission to empower veterans to lead high-quality lives with respect and dignity are the activities of nearly 17,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist America's wounded, injured, and ill veterans. Our Voluntary Services Programs ensure that sick and injured veterans are able to attend their medical appointments, and that they receive the comfort, companionship, and care they need and have earned. Our volunteers are at their posts in VA medical centers and clinics but they go outside the VA to visit and provide services to wounded, injured, and ill veterans within communities, in some cases going beyond the current scope of the government in providing services. DAV is leading the way in voluntary services, which makes all of us proud to be a part of this organization and makes me even prouder to have been chosen to lead this great organization.

Between October 2012 and September 2013, these valuable volunteers of DAV and its Auxiliary served our nation by providing more than 1.8 million volunteer hours of essential services to hospitalized veterans in VA facilities and transporting veterans to their medical appointments, saving taxpayers over \$40 million in costs if federal employees had been required to provide similar services. Many DAV members volunteer at VA medical centers, clinics, and community living centers and serve as Hospital Service Coordinators and drivers in DAV's nationwide Transportation Network, about which I will provide more detail later in this testimony.

Local Veterans Assistance Program

In an effort to meaningfully touch the lives of more veterans in need of assistance, DAV created the Local Veterans Assistance Program (LVAP). Opportunities have always existed for individuals to assist veterans and their dependents—and DAV and our DAV Auxiliary volunteers have answered that call in full measure. We see examples of this each and every day aimed at meeting the principal objective of our organization—to fulfill our promises to the men and women who have served.

Our LVAP volunteers contribute time and energy for a variety of activities that include, but are not limited to:

- Chapter and Department Service Officer work.

- Specific outreach efforts, such as DAV's air show outreach programs, Harley's Heroes, and National Guard mobilizations and demobilizations.
- Direct assistance to veterans, families, and survivors, including engaging in home repairs, maintenance, and grocery shopping, among many other supportive activities.

Since its inception six years ago, 5,006 volunteers have participated in DAV's LVAP for a total of over 1.6 million hours of volunteer service. DAV is constantly seeking new ways to recruit and engage DAV members and volunteers. We believe this program works to the advantage of all of those we serve.

The Next Generation of Volunteers

Sadly, Messrs. Chairmen, we are rapidly losing our veterans from the World War II era; and DAV is proportionately witnessing the loss of DAV volunteers from that population. Ever looking forward, DAV has sought to reward and develop a new generation of younger VA volunteers. More than a decade ago, we created a youth volunteer scholarship program to ensure the future of a viable DAV volunteer effort. In remembrance of former VA Secretary and former DAV Executive Director, the late Jesse Brown, we launched a special scholarship program in his name. Annually, the DAV Jesse Brown Memorial Youth Scholarship Program honors outstanding young volunteers who participate in the VA Voluntary Service Program and/or through DAV's Local Veterans Assistance Program to donate their time and compassion to wounded, injured, and ill veterans.

Since its inception, DAV has awarded 147 individual scholarships valued at \$1,043,000, to enable these exceptional young people to pursue their goals in higher education through the value of volunteering. We at DAV are very proud of the Jesse Brown Memorial Youth Scholarship Program, and I am personally proud to report that our friends at the Ford Motor Company most recently indicated their intention to donate \$45,000 this year to this scholarship program to enable us to continue awarding these scholarships to worthy student-volunteers.

Another corporation that has come forward to help veterans of all eras is Golden Corral, which this past November opened its doors again to all veterans on Golden Corral's "Military Appreciation Monday," serving more than 433,500 free meals to veterans as a means to thank them for their service. Nationwide Golden Corral events also yielded more than \$1.4 million in donations to DAV Chapters and Departments in 2013. Since 2001, Golden Corral restaurants have served more than 4 million thank you meals to our nation's veterans and helped raise nearly \$9 million in donations for DAV chapters and departments to use in outreach and service programs in their communities.

Well beyond volunteerism itself, generous fundraising efforts by Golden Corral, Ford, Harley Davidson, and others continue to help support DAV initiatives and programs throughout the year, and provide DAV resources to outreach to local veterans so we can help them get the benefits and services they earned from a grateful nation.

National Transportation Network

MESSRS. Chairmen, DAV is extremely proud of the service provided by our volunteers, many of whom are injured, wounded, or ill veterans themselves, or the family members of such veterans. These volunteers, some of whom are seated before you today in this hearing room, continue to serve the needs of our veterans on a daily basis. Many of our nation's wounded, injured, and ill veterans are aided because of the time these volunteers donate. DAV volunteers, please rise and be recognized! Everyone at DAV applauds the efforts of our volunteers.

DAV relies on 193 Hospital Service Coordinators at 152 VA medical centers across the country to oversee our National Transportation Network. This program provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed VA health care services.

From October 2012 through September 2013, DAV's National Transportation Network logged more than 25.9 million road miles and transported 717,009 veterans to VA health care facilities. Nearly 9,000 volunteer drivers spent over 1.7 million hours transporting veterans. Since our national transportation program began in 1987, more than 15.8 million veterans have been transported over 558 million miles, for a total of more than 32.9 million volunteer hours by our DAV drivers.

In 2013, DAV donated 128 vans to VA facilities at a cost of almost \$3.3 million. In 2014, we plan on donating 139 vans at a cost of \$3.7 million. From 1987 through 2013, we have donated 2,714 vans to VA, at a cost to DAV of \$57.6 million.

DAV's efforts were aided in August 2013 by the support of the Ford Motor Company with the gift presentation of seven new vehicles to DAV for the Transportation Network. Since 1996, Ford has donated 171 vehicles to support our work. DAV is proud that Ford Motor Company continues to honor its commitment through the instrument of DAV to the men and women who have served our nation in uniform.

DAV's commitment to our National Transportation Network is lasting and sure. We have deployed DAV vans in every state and nearly every Congressional district serving our veterans, and many of whom are your constituents.

National Disabled Veterans Winter Sports Clinic

DAV is a collaborator in another outstanding program that directly impacts the lives and well-being of seriously wounded and injured veterans. Working in cooperation with VA Recreation and Voluntary Services, DAV co-hosts the annual National Disabled Veterans Winter Sports Clinic. For over a quarter century, this exceptional physical rehabilitation program, held in the mountains of Colorado, has transformed the lives of America's most severely wounded, injured, and ill veterans. This unique program—often referred to as “Miracles on a Mountainside”—helps severely injured veterans re-build their confidence, compensate for their injuries, and regain balance in their lives. This event promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, skating, ice hockey, fly fishing, and other sports and shows them by example that they are not barred from adaptive recreational activities and sports of all

kinds. Veterans from all eras have attended our clinics, including many who were wounded and injured in the Iraq and Afghanistan campaigns. Often, this seminal event offers some veterans their very first experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits, and even total blindness.

For anyone who has attended “Miracles on a Mountainside” and observed our participants and their efforts, it is an inspiring sight, unlike anything you will see anywhere in the world. I can assure you, miracles do still occur. These wounded heroes experience life-changing events at our National Disabled Veterans Winter Sports Clinic, and so do all the inspired observers, family members, and volunteers who participate. I invite all Members of these Committees to come and experience “Miracles on a Mountainside” with me and other DAV leaders this year. Our next clinic is scheduled for March 30 to April 4, in Snowmass Village, Colorado. If you want to believe in miracles, please come and join us.

DAV Charitable Service Trust

Organized in 1986, the Charitable Service Trust (CST) is a tax-exempt, not-for-profit organization serving primarily as a grant-maker for qualifying organizations throughout the nation. As an affiliate of DAV, the CST strives to meet the needs of ill, injured, and wounded veterans through financial support of direct programs and services for service members and their families. Accordingly, the CST is dedicated to one purpose: empowering veterans to lead high-quality lives with respect and dignity.

DAV established the Trust to advance initiatives, programs, and services that might not fit easily into the scheme of what is traditionally offered through programs of the VA, our state Departments, and other veterans service organizations in the community. Not-for-profit organizations meeting the direct service needs of veterans, dependents and survivors are encouraged to apply to the CST for financial support. Since the first grant was awarded in 1988, more than \$79.6 million has been awarded for services to our nation’s heroes. In an effort to fulfill the CST’s mission of service, support is offered to ensure quality care is available for veterans with PTSD, TBI, substance-use challenges, amputations, spinal cord injuries, and other combat-related injuries, and to combat hunger and homelessness. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are also encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter, and other necessities to homeless or at-risk veterans.
- Mobility items or assistance specific to veterans with blindness or vision loss, hearing loss, or amputations.
- Qualified therapeutic activities for veterans and/or their families.
- Physical and psychological rehabilitation for veterans.

Priority is given to long-term service projects that provide meaningful support to unserved and underserved veterans.

As veterans confront unemployment, homelessness, and physical and psychological illnesses, the need continues for innovative, caring programs and services to address these challenges. DAV's CST is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones.

By supporting these initiatives and programs, the Trust furthers the mission of DAV in standing up for those who stood up for us. For more than nine decades, DAV has directed its resources to the most needed and meaningful services for the nation's wounded and injured veterans and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support of corporate partners, individuals, and DAV members who remain faithful to our mission.

American Veterans Disabled for Life Memorial

MESSRS. Chairmen, I am pleased to report that the American Veterans Disabled for Life Memorial under construction only a few blocks from this building is on track to be completed and dedicated this fall. I am certain that many of you have seen the ongoing construction activity taking place just west of the Rayburn Building, including some reconfigurations of roads in the area. As you know, Congress enacted authorizing legislation for the construction of a national memorial to honor veterans who become disabled while serving in the armed forces of the United States. DAV, together with other veterans organizations and other supporters, has proudly participated with the Disabled Veterans' Life Memorial Foundation that Congress authorized to design, construct, and raise all the private funding necessary to make this vision a reality. It is important for me to reiterate that this memorial is not being built with public money. It has been a long and challenging journey to raise all the funds and secure the required approvals, and we are grateful for the continuous support this and prior Congresses have lent to create this permanent tribute to men and women who have been wounded, injured, or made ill by their service to the nation. It will serve as a fitting remembrance of their sacrifices, which do not end when wars do. Thank you for helping us fulfill this promise, and we hope to see many of you in the fall to help us dedicate this unique, living memorial.

National Legislative Program

MESSRS. Chairmen, DAV was founded in 1920 as a nonpartisan, nonprofit veterans' service organization. Since then, promotion of meaningful, reasonable, and responsible public policy for wartime service-disabled veterans has been at the heart of who we are and what we do. Regardless of politics and whether we agree or disagree with our government's foreign policies and military deployments, our service men and women put their health and lives on the line to ensure the safety of the Republic and to protect the basic freedoms we enjoy as citizens of the United States.

What is right for our nation and our citizens is to take care of those who served and sacrificed for our collective freedom. We do this by never forgetting the sacrifices of the men and women who served. We do this by keeping our promise to them: through Congress and VA, to provide the resources and services they need to

enjoy the best quality of life possible, as they make the often challenging transition back to civilian life.

Major policy positions of DAV are derived from resolutions adopted by the delegates to our annual National Conventions. Since our first National Convention in 1921, DAV's legislative program has guided our advocacy for disabled veterans in conformance with the collective will of our members. Our 2013–2014 mandates cover a broad spectrum of VA programs and services, and they are available for you and your professional staffs to see on DAV's website, at <https://www.dav.org/wp-content/uploads/ResolutionBook.pdf>. I invite your staffs to consider the content of these resolutions in crafting legislation during the remainder of the 113th Congress.

All Veterans are Created Equal

As DAV has testified in the past, we are concerned that some of the benefits Congress enacted are exclusive to veterans of recent service in Iraq and Afghanistan. While we understand that these are special circumstances that may require legislative consideration to ease transition challenges from military to civilian life, DAV represents wartime veterans of all ages and all periods of wartime service. We remain dismayed that previous generations cannot take advantage of a number of these new improvements enacted into law, and we ask your Committees to reconsider the trend to exclude older veterans from the new and expanded benefits you have awarded to younger veterans, especially the stipend and extensive health care benefits for veterans' family caregivers under Public Law 111–163. I defy anyone to tell me that the struggles of a family caregiver of a severely disabled veteran from World War II, the Korean War, the Vietnam War, or Persian Gulf War are easier and less burdensome than those of a caregiver of a similar veteran of wars in Afghanistan or Iraq. They all struggle; they all suffer. They all need our support. Congress should not leave one of them behind while benefitting the other.

I am pleased to note that provisions to expand caregiver benefits to all generations of veterans, as well as a number of other long-standing DAV resolutions are contained in S. 1982, a bill introduced by Chairman Sanders. Like thousands of DAV members and supporters who have contacted Congress urging enactment of this important bill, I call on you to complete this crucial legislation.

With the realization that we will receive ample opportunities this year to more fully address many of DAV's specific legislative resolutions during hearings before your Committees and personally with your staffs, I shall only highlight a few key ideas in this testimony. I assure you that all of these concepts are covered by DAV national resolutions. Along with our VSO partners, and relying upon the strength of our grassroots members and supporters, DAV will work aggressively and proactively to advance these key legislative priorities, while continuing to look for opportunities to promote all DAV legislative and policy goals. These are our key priorities, and on behalf of our 1.4 million members and Auxiliary, I ask that you consider them.

Disability Compensation and Other Benefits

- Complete the ongoing reform of VA's benefits claims processing system, with the focus on quality, accuracy, account-

ability, and timeliness. Develop and promote legislation and policies to expand the use of interim ratings for veterans filing complex and multi-issue disability compensation claims.

- Ensure that any revisions to the VA Schedule for Rating Disabilities (VASRD) being considered by VBA remain faithful to longstanding statutory policy underlying the purpose of the VA disability compensation system.
- Eliminate inequitable policies that prohibit the concurrent receipt of VA disability compensation and military retired pay and that require Dependency and Indemnity Compensation and military Survivor Benefit Plan payments to be offset.
- Provide for a 10-year protection period for service-connected disability evaluations.
- Reduce the 10-year rule for Dependency and Indemnity Compensation.
- Exclude veterans' disability compensation from countable income for purposes of eligibility for benefits and services under other government programs.
- Award interest payments for VA retroactive awards of one year or more.
- Oppose any proposal that would offset payments of Social Security Disability Insurance benefits or any other federal benefit by the amount of VA compensation.
- Contest any scheme to means test disability and death compensation.
- Resist any change that would redefine service-connected disability or restrict the conditions or circumstances under which it may be established.
- Oppose any recommendations by any commission to reduce or eliminate benefits for disabled veterans.

Health Care Services

- Ensure sufficient, timely, and predictable funding for VA health care programs in the FY 2015 appropriation and the FY 2016 advance appropriation bills.
- Develop and build support for a comprehensive long term plan to address VA's aging health care infrastructure needs, including VA research facilities.
- Expand caregiver services to meet the needs of veterans' caregivers from all eras.
- Improve timely access to veterans suffering from TBI, and mental health care and counseling services, with particular focus on newer veterans in transition
- Strengthen and expand women veterans health care programs and services.
- Develop a comprehensive plan reforming VA long-term support and services.
- Provide priority access and timely, quality health care services to service-connected disabled veterans.
- Repeal VA and Department of Defense co-payments for medical care and prescription medications.
- Repeal beneficiary travel deductibles for service-connected disabled veterans and support increased reimbursement rates.

Employment and Economic Opportunities

- Enact legislation to transfer veterans' employment programs from DOL to VA in a new Veterans Economic Opportunity Administration, which also includes VR&E, education, and business programs.
- Enact legislation that will allow veterans to transfer their military skills and credentials to the civilian sector to enhance their economic opportunities.
- Strengthen veterans' vocational rehabilitation and employment programs by ensuring adequate funding for increased staffing and IT enhancements to meet increases in VR&E demand.
- Remove the 12-year delimitating date imposed on Chapter 31 (vocational rehabilitation) entitlement.
- Improve delivery of transition services to all separating service members.

General Issues

- Support advance appropriations for all VA programs.
- Extend military commissary and exchange privileges to service-connected disabled veterans.
- Provide space-available air travel aboard military aircraft to 100 percent service-connected disabled veterans.
- Award educational benefits to dependents of service-connected veterans rated 80 percent or more disabled.
- Exempt the benefits paid to wartime service-connected disabled veterans from the "Pay-Go" provisions of the Budget Enforcement Act.
- Reduce premiums for Service Disabled Veterans' Insurance consistent with current life expectancy.
- Provide the fullest possible accounting of POW/MIAs from all wars and conflicts.

In Conclusion

MESSRS. Chairmen and Members of the Committees on Veterans' Affairs of the Senate and House of Representatives, I hope my testimony today demonstrates to you that DAV does not come before you with our hand out to ask for special favors, tax advantages, or unearned benefits. We are not a special interest; like the Congress in many ways, DAV and what we do is a broad, general interest of the American people. We believe our members, and all veterans who were harmed as a consequence of their military service, earn their benefits and pay for them in full, in advance. It is true that some of our injured and wounded veterans do need a hand up in their post-service lives—for transition services; hospitalization, rehabilitation, and other health care; prosthetics for lost limbs; insurance for the uninsurable; education and re-training; housing and supportive services, including housing for those who become homeless, or services to prevent it; business and employment opportunities; compensation for the living, and compensation for the survivors of those we lost—all earned with service and sacrifice. These benefits and services help veterans restore themselves and prepare themselves for a future as productive citizens; to comfort them if they lose their ability to work as a consequence of military service; or to keep them and their survivors from slipping into poverty. Given what veterans have done for this country since its founding

more than two centuries ago, we believe it's a small price to pay. It's the price of freedom. Many VA hospitals are adorned over building entrances or at the front gates with these words: "The Price of Freedom is Visible Here." I believe this is a powerful and fitting statement to honor our heroes and compels our national resolve to keep the promise.

In a related vein, DAV has approved a national resolution for years calling on Congress to raise disability compensation payments commensurate with a more humane treatment of service-disabled veterans and the survivors of veterans who die from their service-related injuries, but Congress has never responded other than to provide annual cost-of-living adjustments that, while appreciated, are minimal at best. I would ask all of you: have you ever considered what a seriously disabled veteran is paid by the nation in disability compensation for his or her sacrifice? On average, a 100 percent service-connected combat-disabled veteran is paid \$36,000 annually. I would challenge anyone in this room to provide for their family on that amount of money for the year 2014, or any year, especially in the presence of unending disability, and all that disability entails to depress the quality of a person's life. If Congress even doubled that amount, the payment would still be very small for the kinds of sacrifices rendered by these veterans. A veteran who loses a single leg above the knee in combat only receives a fraction of that amount in compensation each year. Some of these veterans are behind me today; I encourage you to take the time to talk to them about disability compensation and what it means to them and their families. They might give you a new insight on what "income inequality" truly means, since that term is much in the news these days. We realize this is not an opportune time to increase federal mandatory spending, but I believe here is a challenge worthy of a grateful nation and of a thoughtful, caring Congress, and one that I and everyone in this room would hope the Members of these Committees would embrace.

I hope you will agree that DAV's testimony today shows once again that DAV not only advocates on behalf of our nation's wounded and injured veterans, but we also continue to give back to our nation, our fellow veterans, and our communities through the numerous programs detailed in this testimony—in service, volunteerism, transportation, therapeutic recreation, claims representation, outreach, family care giving of the injured, sick and dying, disaster relief, charitable grants, and all the other good works in which DAV engages on a broad national scale. Membership dues from our Life Members are used to exclusively support an effective professional legislative department in Washington, D.C. DAV's effectiveness is reinforced every day working with you and your professional staffs, and those of many Members in both Congressional chambers and in both political parties, to accomplish our priorities and achieve your legislative goals for wounded, injured, and ill veterans.

MESSRS. Chairmen, I hope that I have been able to demonstrate to you and your colleagues that DAV devotes its resources to the most meaningful services for wounded, injured, and ill wartime veterans. These DAV services aid veterans directly and support and augment VA programs throughout the United States. Our family

caregivers actually reduce VA health care costs, whether VA provides services and supports to them as caregivers, or not. In many dimensions I believe DAV is one of VA's most valuable partners in caring for veterans. I trust you can see why the men and women of DAV and its Auxiliary are proud of this great organization and all that it does for VA, veterans, their families and survivors every day of every year.

In closing, as National Commander, it has been an honor and a highlight of my life to appear before you today to serve as the voice of DAV, to present our legislative goals for 2014, and to present the collective concerns of our organization. I know that all of us in this room and all DAV and DAV Auxiliary members nationwide share a deep and abiding respect for the brave men and women who have served our nation in World War II, Korea, Vietnam, the Persian Gulf, and those who serve our nation in uniform today, especially those in harm's way overseas, not only in Afghanistan and Iraq, but who are deployed in many dangerous and challenging places the world over. May God watch over them and keep them safe.

As these Committees deliberate during the second session of this Congress, please keep in mind that wounded, injured, and ill veterans, their loved ones, family caregivers, and survivors paid, and are still paying, a high price for the freedoms we cherish—freedoms some people take for granted. The only response that we ask to repay their sacrifice is for this government to honor its obligations and keep the promise to America's veterans, their families, and their survivors. This defines DAV at its core and validates Operation: Keep the Promise. The defenders of the nation deserve no less.

God bless the United States of America, our military personnel deployed on land, aboard ship and in the air around the world, all veterans who are wounded, injured or made ill in service to the nation, their families and survivors, and Congress and our fellow citizens.

